'Return to: Kathy Burgoyne LCAC HORSEBACK RIDING_____ DRIVING_____
101 Santamore Rd PROGRAM LOG SHEET
Churubusco, NY 12923 9/1/___ thru 8/31/___

Rider's Name:_____**Address:**_____

Horse's Name (A)_____
Horse's Name (B)_____
Horse's Name (C)_____
Horse's Name (D)_____
Horse's Name (E)_____

***Rider's Age**: _____ (as of Jan. 1st award year) **Phone #** _____

Date	Horse	Hours	Date	Horse	Hours	Date	Horse	Hours	Date	Horse	Hours

Total Hours: _____ Total Hours: _____ Total Hours: _____ Total Hours: _____
YEARLY TOTAL: Hours _____ Minutes _____ **Page total** _____
REMINDER: Membership dues are due by January Banquet. Hours **will NOT** count until dues are paid.