GAITED
TRAIL RIDING PROGRAM
(OPEN GAITED BREED)
LOG PAGE

DATE_____

HORSE'S NAME _____

REG#_____

RIDERS NAME_____

MEMBERSHIP #_____

MAILING ADDRESS _____

CITY/STATE/ZIP_____

PHONE(S) CELL_____HOME_____

DATE	RIDERS NAME	HOURS	NAME OF RIDE	Trail Boss Signature