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PQHA Let's Ride
Official Time Log

Your Name ________________________________ Telephone __________________

Your Address ____

City __________________________________ State ________ Zip ______________

Certification of Parent/Legal Guardian ____

Date	Horse	Time
Total Hours Accumulated For This Column		

Date	Horse	Time
Total Hours Accumulated For This Column		

Date	Horse	Time
Total Hours Accumulated For This Column		

Date	Horse	Time
Total Hours Accumulated For This Column		