

TWHBEA
LIMITED DISTANCE PROGRAM
LOG PAGE

(Please type or print clearly)

DATE _____

LOCATION OF EVENT _____

MILEAGE OF RIDE _____

SPONSORING ORGANIZATION _____

SPONSOR'S SIGNATURE _____

HORSE'S NAME _____

REG# _____

RIDERS NAME _____

OWNER'S NAME(if different than rider) _____

MEMBERSHIP # _____

EMAIL ADDRESS _____

MAILING ADDRESS _____

CITY/STATE/ZIP _____

PHONE(S) CELL _____ HOME _____

*SEND COMPLETED APPLICATION TO TWHBEA, ATTN: TWHBEA
TRAILS PROGRAM P.O. BOX 286, LEWISBURG, TN 37091*