TWHBEA®

TENNESSEE WALKING HORSE BREEDERS' & EXHIBITORS' ASSOCIATION℠

TWHBEA Open Gaited Distance Program Log Sheet

Horse Name: _____

Registration #: _____

Owner/Rider: _____

Membership # _____ **Phone Number:** _____

Address: _____

Date	Rider's Name	Hours	Name of Ride

Mail to:
TWHBEA
Attn: Trails Program
P.O. Box 286
Lewisburg, TN 37091