



Recreational Riding Time Log

Name/Rider: _____ APHA or AjPHA ID Number: _____
(check applicable box and provide number)

Registered Name of Horse: _____ APHA Registration #: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone Number: _____ Email: _____

Logs must be submitted to APHA monthly.

Date	Location	Start Time	End Time	Total Time	Date	Location	Start Time	End Time	Total Time
HOURS ACCUMULATED					HOURS ACCUMULATED				