



# 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
<b>HOURS ACCUMULATED</b>					<b>HOURS ACCUMULATED</b>				