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**	

PAC Program
P.O. Box 961023 • Fort Worth, Texas 76161-0023
(817) 834-2742 • (817) 834-3152 Fax • apha.com/pac • pac@apha.com