



# 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  
P122 E. Exchange Ave., Suite 420 • Fort Worth, Texas 76164  
(817) 834-3152 Fax • [apha.com/pac](http://apha.com/pac) • [pac@apha.com](mailto:pac@apha.com)