*** Hour logs MUST be submitted to WHC office by January 31st to count for the previous year.**
Late submissions will not be counted!

Wisconsin Horse Council - Trails Committee
RIDE WISCONSIN Program TRAIL HOURS Ridden
Please PRINT

Name: _____ **YEAR:** _____
Address: _____
City/State/Zip: _____
Telephone: _____
E-Mail: _____

TOTAL HOURS RIDDEN FOR YEAR:_____**MUST** *be filled in with total hours or forms will be returned*

Date	Location Include Trail Name & Location	Hours ridden per day	Cumulative

TOTAL HOURS RIDDEN OR DRIVEN THIS PAGE:_____