

**Wisconsin Horse Council - Trails Committee**  
**RIDE WISCONSIN Program**



Please **PRINT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date	Location: Include Trail Name and Location	Hours Today	Signature of Authorized Trail Representative
TOTAL HOURS WORKED			

\* Submit this form with your log sheet