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:_____