

Riding/Driving Program January 1 – Dec 15

Rider's Name		
Horse's Name		
BCQHA Mem	bership date	

Hourly Log Sheet

One horse per sheet

	F
	Submit by/before Dec 31
Rider's Name	_
Horse's Name	Registration #
BCQHA Membership date	

DATE	# OF HOURS	LOCATION AND ACTIVITY

Completed forms must be returned by December 31 of award year.

For more information contact: bcqha@hotmail.com

Return completed sheet to: BCQHA Riding/Driving Program Bag 900, Suite 129 Salmon Arm, BC V1E 1S3