



MANITOBA QUARTER HORSE ASSOCIATION

RECREATIONAL TRAIL RIDING PROGRAM TALLY SHEET

Horse's name: _____

Breed: _____

Rider's name: _____

Rider's address: _____

Postal Code: _____ Phone #: _____

Table with 6 columns: Date, Hours Ridden, Date, Hours Ridden, Date, Hours Ridden. Multiple empty rows for data entry.

Please submit form by December 1st each year to: Larry Clifford, Box 22042, Brandon, MB R7A 6Y9 or fax to: (204) 571-6081