



## TWHBEA Distance Program Log Sheet

**Horse Name:** \_\_\_\_\_

**Registration #:** \_\_\_\_\_

**Owner/Rider:** \_\_\_\_\_

**Membership #** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

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

Date	Rider's Name	Hours	Name of Ride

Mail to:  
TWHBEA  
Attn: Trails Program  
P.O. Box 286  
Lewisburg, TN 37091