



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

Program Year October 1, 2023-September 30, 2024
*Postmarked/Due By: October 15, 2024