OREGON FAMILY EQUESTRIAN ACTIVITIES
2008 TRAIL RIDING LOG SHEET

NAME: _____ HORSE (A) _____
(B) _____
(C) _____

DATE	START TIME	FINISH TIME	HOUR(S)	HORSE	TRAIL NOTES (Route, weather, friends, etc.)

Total Hours Page _____ of _____ [ ]

Total Hours Submitted (All pages) [ ]

**** PLEASE MAKE EXTRA BLANK COPIES FOR YOURSELF ****
Due by 12/31/08 to OFEA, PO Box 5754, Salem, OR 97304