ICAA *TRAIL LOG PROGRAM* Report Sheet

Horse's Name: ____ Reg # ___________

Rider's Name: ____ Mem # ___________

Page ___ of ___

Submit when 100 hours achieved

Date of Ride (month/day/year)	Total Hours of Ride	Type of Riding (ex: Trail, schooling,)	Rider	Running Total of Hours Ridden	Comments
TOTAL HRS:		**Submit this form when 100 hours have been achieved.** (Multiple pages may be used)			

Rev. 01/05