

HORSE'S NAME:		RIDE NAME:	
RIDER'S NAME:		RIDE DATE(S):	
OWNER'S NAME:		COMPETITIVE TRAIL RIDE PLACING: 1 2 3 <input type="checkbox"/> GRAND CHAMPION 4 5 6 <input type="checkbox"/> RESERVE CHAMPION	
RIDE TYPE: (PLEASE CHECK) <input type="checkbox"/> ENDURANCE <input type="checkbox"/> CTR	MILES COMPLETED	ENDURANCE RIDE <u>OVERALL</u> PLACING: 1 2 3 4 5 <input type="checkbox"/> BC 6 7 8 9 10	
RIDE MANAGER/SECRETARY SIGNATURE:		ENDURANCE RIDE <u>JUNIOR</u> PLACING: 1 2 3 4 5 6 7 8 9 10	

Complete entire form and send to: OAATS Distance Riding Program Recorder, P.O. Box 231 Rising Sun, OH 43457. Mileage record form **MUST** be signed and returned **within 30 days of the ride and within 7 days of any ride in November** in order to receive credit for the ride's points.

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