

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: Maureen Fehrs, 995 N. County Line RD, Michigan City, IN 46360. 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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