CHATTAHOOCHEE TRAIL HORSE ASSOCIATION, INC.

Frequent Trail Rider Program
Official Time Log

Name _____ **Telephone** _____

Address _____

City _____ **State** _____ **Zip** _____

Date	Location	Start Time	End Time	Total Ride Time

Total Hours Accumulated _____ **Total Hours for this Page** _____

Mail completed form to CTHA, POBox 211, Dahlonega, GA 30533