Eastern Ontario Paint Horse Club

Riding/Driving Program

Official Time Log

Participant_____ EOPHC Membership Number _____

Address _____

Telephone #_____ E-mail _____

Registered Name of Horse_____ APHA Registration Number _____

Owner of Horse _____EOPHC Membership Number_____

DATE	ACTIVITY	START TIME	END TIME	TOTAL TIME	DATE	ACTIVITY	START TIME	END TIME	TOTAL TIME