Ohio Morgan Horse Association

Pleasure Riding/Driving Hourly Log Sheet

Horse's Name _____

Rider or Driver's Name _____

Rider or Driver's E-mail _____

Date	Number of Hours (in fractions)	Riding or Driving		Date	Number of Hours (in fractions)	Riding or Driving
				Total Hours:		

I hereby submit my hours spent riding or driving a Morgan horse pursuant to the OMHA High Point Guidelines currently in effect.

Signed:_____ Date:_____

Return completed form to: Alyssa Rose, High Point Secretary, 26897 Frederick Avenue, Columbia Station, OH 44028