Happy Trails Award Program
"HTAP"
Year-End Award Program for Hours Ridden/Driven

Date: _____ What: _____

Host(s): _____ Location: _____ Hours: _____

	NAME (Signature)	EQUINE'S NAME	HTAP $5.00	Non HTAP No Charge	Emergency Contact	Telephone Number	50/50
1							
2							
3							
4							
5							
6							
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8							
9							
10							
11							
12							
13							

	Happy Trails Award Program "HTAP" Year-End Award Program for Hours Ridden/Driven						
	NAME (Signature)	**EQUINE'S NAME**	**HTAP $5.00**	**Non HTAP No Charge**	**Emergency Contact**	**Telephone Number**	**50/ 50**
14							
15							
16							
17							
18							
19							
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21							
22							
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28							