NMAHA HANDS & HOOVES INCENTIVE PROGRAM LOG

NAME OF PARTICIPANT_____

MEMBERSHIP #_____

Frands & Hooved

Date	Horse Registered Name	Horse AHA #	Activity	Time

SIGNATURE_____

ADDRESS_____

MUST BE SUBMITTED BY DECEMBER 1ST TO QUALIFY FOR POINTS TO:

LYNDA FRENCHICK

55569 395TH ST Paynesville, MN lyndafrenchick@gmail.com/ 320-493-5956