NMAHA HANDS & HOOVES INCENTIVE PROGRAM LOG

NAME OF PARTICIPANT_____ MEMBERSHIP #_____

DATE:	HORSE'S AHA REG. NAME:	HORSE'S AHA #:	ACTIVITY:	TIME:

SIGNATURE_____

ADDRESS_____

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

JEAN LIESTMAN
61650 320th ST.
Litchfield, MN 55355
reflectionfarm@msn.com / 320-434-0686

NMAHA
Hands & Hooves