

**TWHBEA**  
**LIMITED DISTANCE PROGRAM**  
***LOG PAGE***

*(Please type or print clearly)*

DATE \_\_\_\_\_

LOCATION OF EVENT \_\_\_\_\_

MILEAGE OF RIDE \_\_\_\_\_

SPONSORING ORGANIZATION \_\_\_\_\_

SPONSOR'S SIGNATURE \_\_\_\_\_

HORSE'S NAME \_\_\_\_\_

REG# \_\_\_\_\_

RIDERS NAME \_\_\_\_\_

OWNER'S NAME(if different than rider) \_\_\_\_\_

MEMBERSHIP # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE(S) CELL \_\_\_\_\_ HOME \_\_\_\_\_

*SEND COMPLETED APPLICATION TO TWHBEA, ATTN: TWHBEA  
TRAILS PROGRAM P.O. BOX 286, LEWISBURG, TN 37091*