

NEW ENGLAND HORSE & TRAIL ASSOCIATION ❖ Official Trail Ride Report Form ❖

Ride Name _____ Held On _____

Location _____ Check one or both _____ Ride _____ Drive _____ Total Number of Riders _____ Drivers _____

Ride Secretary's Name, Address & Phone _____ Signature _____

List only NEHT members who completed the course or courses offered and return within seven (7) days to: JAN COLLINS, NEHT Secretary, 105 Ninth District Rd, Somers, Ct 06071

	Rider/Driver Name	NEHT Number	Riding Mileage	Driving Mileage	Horse's Name	NEHT Number	Owner
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	Rider/Driver Name	NEHT Number	Riding Mileage	Driving Mileage	Horse's Name	NEHT Number	Owner
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