

# NMAHA HANDS & HOOVES INCENTIVE PROGRAM LOG

NAME OF PARTICIPANT \_\_\_\_\_ MEMB NO. \_\_\_\_\_

NAME OF REG. AHA HORSE \_\_\_\_\_ REG NO. \_\_\_\_\_

DATE:	TYPE OF ACTIVITY:	TIME LOGGED:

SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

**MUST BE SUBMITTED BY DECEMBER 1<sup>ST</sup> TO QUALIFY FOR POINTS**  
SEND FORMS TO: JEAN LIESTMAN  
61650 320<sup>th</sup> ST.  
Litchfield, MN 55355  
reflectionfarm@msn.com / 320-434-0686

