



TO PRESERVE, PROTECT AND PROMOTE  
THE WALKING HORSE

## HORSEBACK RIDING PROGRAM

For all WWHHA members and their horses  
to record and track time spent in  
equestrian pastimes.

In order to enroll and participate in this program you must  
be a member in good standing with the World Walking  
Horse Association, Inc.

Once you enroll in the WWHHA Horseback Riding Program  
you simply log your hours spent riding your Walking Horse  
or other breed. As you move up in hours, you earn fun  
rewards.

1. Must maintain a WWHHA membership and be in good standing.
2. Pay your one-time enrollment fee of \$25
3. Log your hours riding or pleasure driving on the official log sheet.
4. You may ride more than one horse, and you do not have to be the owner of that horse.
5. The horse must be registered with the WWHHA if it is a Walking Horse.
6. Separate log sheets must be used for each horse, and a minimum of one log book must be submitted each year to maintain enrollment.
7. Return the official log book to the WWHHA by December 31<sup>st</sup>.
8. This cover sheet must accompany every log sheet that is returned.

### MEMBER INFORMATION

Member Name: \_\_\_\_\_

WWHA Membership Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### HORSE INFORMATION

Registered Name: \_\_\_\_\_

Is this a Walking Horse? \_\_\_ Yes \_\_\_ No if yes, please fill out Section A, if no please continue to Section B.

#### SECTION A

WWHA Registration Number: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

#### SECTION B

Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*If you are the owner of the horse please provide proof of ownership when you submit your log sheet.*



**SECTION C**

Total Number of Hours logged: \_\_\_\_\_

**SECTION F**

Please return this completed log book to:

World Walking Horse Association, Inc.  
Attn: Horseback Riding Program  
P.O. Box 2919  
Alvin, TX 77512

**SECTION D**

I, \_\_\_\_\_, do hereby swear that the hours logged in this log book are true and correct. I understand that this is a trust based system, and by placing my signature below, I agree to be held accountable if the WWHA receives factual information that these logged hours are not true and correct.

\_\_\_\_\_  
SIGNATURE AND DATE

**SECTION E**

*To better serve our members, and to better authenticate your log book, we have included this section. If you have someone that can certify your hours please complete this section and have them sign it.*

I do hereby swear that the rider and horse assigned to this Rule Book have completed the total number of hours logged.

\_\_\_\_\_  
SIGNATURE AND DATE

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SECTION G**

Please use this section for any notes and/or suggestions for the Horseback Riding Program.

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Click the print button to print, please make sure that you print this as landscape only.