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|--|-----------------|--|
| Rider _____ | Horse _____ | Reg# _____ |
| Ride Name _____ | Ride Date _____ | Miles Completed _____ |
| Ride Type Competitive _____ Endurance _____ Worker? _____ | Placing _____ | Grand Champion _____ Reserve Champion _____ |
| Ride Manager _____ | | |
| Send To: Teresa Searcy 3311 Crone Road Borden, IN 47106 Phone # 812-294-4922 | | |

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