UFTHA TRAIL RIDER OF THE YEAR

RIDE HOST REPORTING FORM

Record all ride attendees below. Needed are the names and town of each attendee. You need not verify that they are registered for the Trail Rider of the Year awards. If you are having a trail skills clinic or demo, please make sure you notate which each person attended by placing an "R" for rider (must ride) and/or a "C" for clinic/demo after their names. Send this form to the Trail Committee the week following the ride. Send to:

UFTHA
1905 West 4700 South, Suite 205
Salt Lake City, UT 84118

EVENT:	**DATE:**		
PARTICIPANT NAME:	**FROM (TOWN)**	**RIDE**	**CLINIC**

EVENT:	DATE:		
PARTICIPANT NAME:	FROM (TOWN)	RIDE	CLINIC