TRAINING RIDE MASTER SHEET

Q.E.R.A. Inc.					
Ride Name:		Distance 1st Leg: km 2nd Leg: km	Mid way Vet Check (Y/N):	H/R Gate (Y/N):
Date:	Ride Start Time:	Minimum riding time: 1st Leg: 2nd Leg:	Pace Rider (Y/N):	Name:

*****NOTES: Please note Rule T6 relating to Vet Checks, Heart Rate Gates, and Pace Riders.***
Please ✓ for Novice Rider/Horse column. Please ensure ride start time is recorded.

Rider No.	M/ship No.	Rider Given Surname	N	L/book No.	Horse Name	N	Sex	Age	Breed	PRE-RIDE			1st CHECK				2nd CHECK			Total Ride Time	Vet Out detail and/or any Vet Comments
										p	r	t	IN	p	r	OUT	IN	p	r		