



AMERICAN MULE ASSOCIATION

SADDLE SORE AWARD

MULE: _____

MONTH:

AMA # _____

RIDER: _____

AMA# _____

No.	DESCRIPTION	HOURS
1		
2		
3		
4		
5		
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Submit forms monthly to:

Emma J Gonzalez
PO Box 1136
Carpinteria, California 93014

Phone: 805-331-2081

E-Mail: emmadawson@mac.com