# LICKING OHC
# Mileage/Maintenance Log

**FOR THE YEAR**

Name: Youth: Yes ____ No: ____ Chapter: Licking **County**

| | | Number of Miles Ridden | | | Maintenance |
|---|---|---|---|---|---|
| Date | Where Rode | Park/Forest | Public/Private | Out of State | Hours |
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| | | Number of Miles Ridden | | | Maintenance |
|---|---|---|---|---|---|
| Date | Where Rode | Park/Forest | Public/Private | Out of State | Hours |
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