

ST. LANDRY PARISH TRAIL RIDE APPLICATION

Trail Ride Sponsor Information: (Must be St. Landry Parish Resident)

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Trail Ride Boss Information:

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

EVENT DETAILS

Date and Time of Event:

Estimated Number of Participants: _____ Attendees _____ Horseriders.

THUS DONE AND SIGNED in Opelousas, St. Landry Parish, Louisiana, this ____ day of _____, 2011, in the presence of the undersigned competent witnesses, and me, Notary Public, after due reading of the whole.

WITNESSES:

_____ BY: _____
Trail Ride Organizer or Sponsor

(Number)

NOTARY PUBLIC

Description and Map (attached) of Exact Route:

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that I am to distribute to the sheriff, the parish health officer, the district attorney and department of public safety (1) copy of the signed application. The department heads and officials shall thereupon cause an investigation of the application and shall thereafter return a signed application to the trail ride organizer. The trail ride organizer shall then submit the signed application to the Parish Council Clerk, Novella Richard, and remit the **\$300.00 nonrefundable application fee** and **\$500.00 deposit** at that time. Payable to St. Landry Parish Govt. This deposit shall be refundable to the applicant within fourteen (14) days after the trail ride to the extent it is not used to satisfy any such claims for damages. Any false statements, omissions, or other misrepresentations made by me on this application may result in a denial of the permit.

Please attach names and addresses of all flagmen. There must be at least two (2) flagmen present for every one hundred (100) horseback riders. Each horseback rider participating in the trail ride shall be identified on each day of the trail ride by a number placed upon a cloth or adhesive paper (8½ x 11in.) which shall be affixed to the back of each horseback rider.

Name of Organizer:	Print name:
Signature	
Address	
Date	