

ST. LANDRY PARISH GOVERNMENT

118 S. Court Street, Suite 133 • PO Drawer 1550 • Opelousas, LA 70571
(337) 948-3688 • stlandrypg.org
Jessie Bellard, *Parish President*



**Acknowledgement of Receipt of Ordinance No. 2005-0005
Article IV - Rules and Regulations for Trail Rides**

My signature below serves as my official acknowledgement that I have been provided with a copy of Ordinance No. 2005-0005, Article IV -Rules and Regulations for Trail Rides, and that I full understand the provisions of this Ordinance. My signature is also representative of my agreement to abide by all provisions of this Ordinance and warrants that I shall not allow any other person participating in my sponsored trail ride to violate any of the provisions of this Ordinance.

By signing below, I further acknowledge that I fully understand that as the sponsor and/or organizer of this trail ride, I shall be held responsible for any and all activities occurring during the trail ride.

Signature of Trail Ride Sponsor/Organizer

Date

Printed Name of Trail Ride Sponsor/Organizer

Signature of Witness

Date



ST. LANDRY PARISH TRAIL RIDE APPLICATION

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

Name	
Street Address	
City, State, Zip Code	
Cell Phone Number	
Work Phone Number	
Email Address	

Trail Ride Boss Information:

Name	
Street Address	
City, State, Zip Code	
Cell Phone Number	
Work Phone Number	
Email Address	

Event Details:

Date: _____; Estimated Number of Participants: Attendees: _____ Horseriders: _____
Date: _____; Estimated Number of Participants: Attendees: _____ Horseriders: _____
Date: _____; Estimated Number of Participants: Attendees: _____ Horseriders: _____

THIS DONE AND SIGNED in Opelousas, St. Landry Parish, Louisiana, this _____ day of _____, 20____, in the presence of the undersigned competent witnesses, and me, Notary Public, after due reading of the whole.

WITNESSES:

BY: _____
Trail Ride Organizer and Sponsor

BY: _____
Trail Ride Boss

(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 the department of public safety one (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 Office of Parish Government and remit the **\$500.00 nonrefundable application fee** and **\$500.00 deposit** at that time. Payable to St. Landry Parish Government. This deposit shall be refundable to the applicant within thirty (30) days after the trail ride to the extent it is not used to satisfy any such claims for damages. Any false statements, omission, 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 (8.5 x 11) which shall be affixed to the back of each horseback rider. There must be two (2) security officers for every one hundred (100) attendees on the grounds of this said event.

Have you received a copy of Ordinance No. 2005-0005 Rules & Regulations for Trail Rides? YES _____ NO _____

NAME OF ORGANIZER: _____

SIGNATURE: _____

ADDRESS: _____

DATE: _____

