North Dakota Snowmobile Trail Application

All applications must be postmarked or received no later than April 1st of every odd year.

Please select what the Trail Association is requesting:

☐ **New Trail**   ☐ **Trail Reroute**   ☐ **Equipment**

General Information

Date:

Trail Association:

Trail Identification:

Contact Person:

Position:

Address:

City: **State:**   **Zip:**

E-mail Address:

Daytime Phone Number:

Fax Number:

Project Information:

1. Classification of Land: A. Public   B. Private   C. Combination

2. Please list the names of the communities located on the trail system:

3. Please list the services the above communities offer to snowmobilers (Gas Stations, Hotels, and Restaurants):

4. Please list the counties the projected trail system would serve:

Counties	Registered Sled by County (Office Use Only)

5. What is the total number of miles for the projected trail? _____ miles

   Please break down the miles according to the following:

Highway Ditches		Gravel Ditches		Prairie Trail	
Woods		Lakes		Sloughs	
Stubble Fields		Meadows			

6. Does this projected trail connect to an existing trail system: A. Yes   B. No

   If Yes, which Trail Association (s):

7. How many Land Leases will this trail system need to acquire? _____

   If Land Leases are needed, have the landowners provided verbal approval for the trail? _____

8. In 10 consecutive years, on average, how many years would there be enough snow to sustain an open trail system? (Please provide and approximate estimate.) _____

9. What is the average snowfall which was received this past snow season? _____

   Was the amount more or less than an average snow year?   A. More   B. Less

10. How many members are in the local club? _____

11. What is the population in the area of the trail system? _____

12. Please attach the following documentation to this application:

   o Project Description: letter of project explanation
   o Project Location Map(s): attach only if application is requesting trail changes
   o Letter of Support from the County/Townships

I hereby certify that all the information contained within this application is true and verifiable.

   Signature: _____

   Date: _____