RABIES DATE: _________________________________________________

EQUESTRIAN PERMIT APPLICATION 2022 - 23
MOREAU LAKE STATE PARK
605 Old Saratoga Road, Gansevoort, NY 12831
Phone # (518) 793-0511          Fax # (518) 798-5385

* MANDATORY REQUIREMENT - PROOF OF NEGATIVE COGGINS TEST AND RABIES VACCINATION *

RIDER’S NAME: ________________________________________________________
PHONE #: ____________________________
EMAIL ADDRESS: __________________________________________________________
ADDRESS: ________________________________________________________________
(Street)  (City)  (State)  (Zip code)

☐ Yes! I would like to be on the general mailing list to receive announcements about other MLSP events and programs.

TYPE OF PERMIT REQUESTED:  
ANNUAL: $20 ☐   -OR-   DAILY: $10 ☐

~Annual permits are valid: 4/1/2022 THROUGH 3/30/2023
~Daily permits must be used on the SAME day they are purchased
~Checks and Money Orders should be made payable to NYS PARKS

IN CASE OF EMERGENCY, PLEASE NOTIFY: (OTHER THAN STABLE)
NAME: ___________________________  RELATION: ____________________  PHONE #: _____________________
ADDRESS: ______________________________________    __________________________    _________    _________    
(Street)  (City)  (State)  (Zip)

STABLE INFORMATION: (FOR EMERGENCY PURPOSES ONLY)
STABLE NAME: _____________________________ _______________ PHONE #: ______________________________
ADDRESS: ______________________________________    ___ _______________________    _________    ___ ______
(Street)  (City)  (State)  (Zip)

Riders age 18 & under are REQUIRED BY LAW to wear an ASTM approved riding helmet. The Park strongly encourages ALL riders to wear an ASTM helmet.

ALL RIDERS ARE RESPONSIBLE TO REMOVE ANIMAL WASTE FROM TRAIL/ROADS/PARKING AREA

I HAVE READ THE MOREAU LAKE STATE PARK EQUESTRIAN RULES & REGULATIONS AND I AGREE TO ABIDE BY THEM.
I UNDERSTAND THAT IF THIS PERMIT IS REVOKED FOR VIOLATING THESE RULES, I WILL FORFEIT RIDING PRIVILEGES IN THE PARK.

SIGNED: ___________________________  DATE: __________________________

* OFFICE USE ONLY *
ANNUAL PERMIT #: _________________  HORSE NAME: _____________________________
RECEIPT #: ___________________________  COGGINS DATE: __________________________
CASH ☐  CREDIT ☐  CHECK #: ___________________________  RABIES DATE: __________________________
ISSUED BY: ___________________________  DATE: __________________________