

EXCURSION PLAN

INSTRUCTIONS: This document with all attachments must be filed at least sixty (60) days in advance of your anticipated trip. **NO EXCEPTIONS!**

Name of party filing: _____ Date _____ Phone() _____

Number of people in party _____ Names of all participants _____

No. of horses in party _____ Stallions _____ Fillies _____ Yearlings _____ Children accompanying parents _____

Note: For each horse, attach Excrement Production Record (EPR). (Available from LWWPA at time of filing upon payment of a fee).

Estimated volume of Excrement to be generated this excursion: _____ Kg. (Note: Give detailed break-down by horse, date and ECF).

ETD: Date _____ Time _____ Am () pm () Note: Departures after 4 pm are subject to a Night Travel Surcharge (NTS) of 100% of filing fee.

HECD rating for each horse: _____ Serial numbers of HECDs _____

Destination: _____ Route: (Attach maps; show ETAs and location of all ECFs to be visited). Please allow ample time for proper transfer of collected excrement at each ECF).

Anticipated duration of stay at destination: _____(hrs) _____(days) _____(months) _____(years)

Return route: (Attach maps; show ETAs and location of all ECFs to be visited). Note: Return destination MUST be the Point of Origin; no drop-off facilities are available.

Estimated date of return: _____ Note: Amended EPs may be filed at designated terminals shown on route **only!** Route changes may only be approved if ECFs along the way cannot accommodate extra loadings.

===== **DO NOT WRITE IN THIS SPACE** =====

Filed: _____(date) Fee received _____(amt) Payment method \$ _____ cash () credit card () MO ()

Card number _____ Expiration date _____ Signature _____

Examined by _____(date) Data entered by _____(date) by _____(date) by _____(date) by _____(date)

Approved by _____(Equestrian Excursion Manager) Approved by _____(OSHA)

Approved by _____(Barn Supervisor) Approved by _____(EPA Reg 4)

Approved by _____(LWWPA Administrator) Approved by _____(Win County Admin)

Approved by _____(PETA) Approved by _____(WWTP Supervisor)

Approved by _____(Park Service) Approved by _____(HS Trucking Co., Inc.)

Approved by _____(State Highway Patrol) Approved by _____(Governor Smith)

Trip documents prepared by _____ Printed _____ Distributed _____ Accepted _____ Discarded _____

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Have a nice Trip!!

OUR MOTTO: NO SHIT!!