



# Arkansas Trails System Membership Application

Date: \_\_\_\_\_

**Name of Trail:** \_\_\_\_\_

**Administering Agency or Organization Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**E-Mail or Website Address:** \_\_\_\_\_

**Type of trail use:**  Biking  Hiking  Equestrian  Motorcycle/ATV  
 Water  Wildlife  Multi-Use  Interpretive  
 Urban  Other explain \_\_\_\_\_

**Type of Trail Surface:** \_\_\_\_\_

**Is the trail ready for public use?:** \_\_\_\_\_

**Is the trail and adjacent land owned by the applicant?** \_\_\_\_\_

**If not describe the type and time period of use agreement(s)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Describe the maintenance and funding schedule for the trail for the next five years** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Trail Length in miles:** \_\_\_\_\_ **Time in hours to complete trail:** \_\_\_\_\_

**Difficulty Level:**  **Easy**  **Easy-Barrier Free**  **Easy-Wheelchair Accessible**

**Easy- Moderate**  **Moderate**  **Moderate-Strenuous**  **Strenuous**

**Is the trail open to the general public?:** \_\_\_\_\_

**Is there a use fee for the trail?:** \_\_\_\_\_ **If so, how much?:** \_\_\_\_\_

**What is the approximate grade and elevation change of the trail?:** \_\_\_\_\_

**How is the trail marked or blazed?:** \_\_\_\_\_

**Is the trail open all year?:** \_\_\_\_\_ **Are maps or brochures available?:** \_\_\_\_\_

**Does the trail connect with other trails?:** \_\_\_\_\_

**Describe:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Is there a trailhead sign?:** \_\_\_\_\_ **If yes, is there a sign- in box?:** \_\_\_\_\_

**From Little Rock, give detailed directions to the trailhead:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Provide a general narrative description of the trail route including significant natural and cultural features, recreation facilities, support facilities (i.e. bathrooms, benches, shelters) and primary attractions, etc.- provide photos if available - use separate sheet if necessary:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE ATTACH MAPS OF APPROXIMATE SCALE SHOWING THE TRAILS SPECIFIC LOCATION, ROUTE AND FEATURES.**

**Briefly describe the standards used for design and construction of the trail (R.O.W. width, tread width and surfacing, safety features, etc.):** \_\_\_\_\_

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**Describe or provide copy of trails management plan that covers items such as maintenance, corridor protection, user safety, rules and regulations and related matters:**\_\_\_\_\_

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**Describe future plans for trail extensions and additional development:**\_\_\_\_\_

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**Additional comments that support your application:**\_\_\_\_\_

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**CERTIFICATION:**

**I hereby certify that:**

- 1) I am authorized to represent the agency noted on page one**
- 2) the trail is well maintained and ready for inspection**
- 3) the trail will be available for public use for at least five consecutive years beyond the date that it is designated as a member of the Arkansas Trails System**

**By:**\_\_\_\_\_

**Authorized Person**

\_\_\_\_\_

**Title**

*Return completed application to Ian Hope, One Capitol Mall, Little Rock, Arkansas 72201*