



## FORT PULASKI NATIONAL MONUMENT Fee Waiver Request

(Please press hard and write clearly)

School Name: \_\_\_\_\_

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

City, State: \_\_\_\_\_

Phone number: \_\_\_\_\_ Contact person at school: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Grade/Age: \_\_\_\_\_ No. in group \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Ranger-guided program** available Monday through Friday.

(Please list the dates and circle the times.)

Preferred date: \_\_\_\_\_ Time: 9:30 am----10:00 am-----10:30 am—11:00 am  
Other (by prior arrangement) \_\_\_\_\_

Alternate date: \_\_\_\_\_ Time: 9:30 am---10:00 am-----10:30 am----11:00 am  
Other (by prior arrangement) \_\_\_\_\_

**Self-guided non-Ranger tour** available every day.

Preferred date: \_\_\_\_\_ Preferred time: \_\_\_\_\_  
Alternate time: \_\_\_\_\_

Alternate date: \_\_\_\_\_ Preferred time: \_\_\_\_\_  
Alternate time: \_\_\_\_\_

\*\*The teacher /tour guide who will be present for the proposed visit must sign this form.

I, \_\_\_\_\_, hereby acknowledge that the purpose of our visit to Fort Pulaski National Monument is for educational purposes. I acknowledge and accept full responsibility for all safety concerns regarding our visit to the park.

When completed please fax to: Fort Pulaski National Monument @ (912) 652-4232

Every effort will be made to accommodate the date and time requested when the park receives the e-mail, phone call and/or faxed information. Verbal confirmation may be given at the time of phone call or a confirmation will be sent via fax and/or phone call.

For Administrative Use Only: Approved/ Denied  
Superintendent signature \_\_\_\_\_  
Date \_\_\_\_\_