



Fort Smith National Historic Site Application for Waiver of Fees



Please return this form at least 2 weeks prior to scheduled tour date. Send to:
Fort Smith National Historic Site
P.O. Box 1406
Fort Smith, AR 72902
Fax (479)783-5307

Date of Tour: _____

Name of Educational Institution sponsoring tour: _____

Address: _____

City: _____ State: _____ Zip: _____

School phone number: _____ Official in charge of group: _____

Number of Students: _____ Number of Adult Sponsors: _____

It is suggested that school groups have at least one adult for every ten students.

Please state the specific educational objectives you hope to accomplish by visiting Fort Smith National Historic Site:

Certification:

I hereby certify that the above organization is officially recognized as a bona fide educational or scientific institution by a Federal, State, or local government body and that the facts provided herein are true and accurate to the best of my knowledge and are submitted for the explicit purpose of obtaining a waiver of fees. ***I accept responsibility for the proper behavior of this group.***

Signature of Applicant Date

If you would like a faxed confirmation of this waiver, please provide a fax number.

Fax _____

For Official Use Only:

Fee waiver of entrance fee (check one): Approved Disapproved

Signature of Chief of Interpretation & Resource Management Date