

# Fort Smith National Historic Site PROGRAM RESERVATION



Please submit this form at least 3 weeks prior to scheduled tour date.

Fax: (479)783-5307 Attn: Education Coordinator

E-mail: Pat\_Schmidt@nps.gov

If you have questions or for large groups please call (479)783-3961

**\*\*Please fill out form completely\*\***

**Program Date and Arrival Time** (on-site programs begin between 9:00 am and 4:00 pm)

Preferred: Date: \_\_\_\_\_ Time: \_\_\_\_\_

2nd Choice : Date: \_\_\_\_\_ Time: \_\_\_\_\_

3rd Choice: Date: \_\_\_\_\_ Time: \_\_\_\_\_

## Program requested:

\_\_\_\_\_ **Self-Guided**

\_\_\_\_\_ **Guided Program**

(Choose one from below all programs are 60 minutes)

\_\_\_\_\_ Building Tour

\_\_\_\_\_ Justice, Executions,  
and the Gallows

\_\_\_\_\_ First Fort Smith

\_\_\_\_\_ Life of Civil War Soldier

**Off-Site programs**

(All programs can be adjusted to fit class time.)

\_\_\_\_\_ Life of a Civil War Soldier

\_\_\_\_\_ Judge Parker & the Federal Court

\_\_\_\_\_ National Park Service:

Agency with a mission

GROUP/SCHOOL NAME: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

Check box if you would like to receive updates and newsletters about educational programs at Fort Smith National Historic Site

Number of people: \_\_\_\_\_ Children \_\_\_\_\_ Adults \_\_\_\_\_ Age of children/grade level: \_\_\_\_\_  
(Group size is limited to 45 for schools – not counting adults. If more than 45 then schedule a rotation of the groups not to exceed 45 in each group.)

Special needs or requests: \_\_\_\_\_

If you would like to receive confirmation of via e-mail or fax

E-mail  Fax \_\_\_\_\_

# Fort Smith National Historic Site Application for Waiver of Fees

Please submit this form along with Program Reservation form

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

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**For Official Use Only:**

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

\_\_\_\_\_  
Signature of Chief of Interpretation & Resource Management

\_\_\_\_\_  
Date