



## FEE WAIVER FORM

FORM MUST BE COMPLETED IN FULL  
RESERVATIONS FOR TOURS WILL BE ON A FIRST COME BASIS

Return Forms To: Fort Union National Monument  
c/o Superintendent  
P.O. Box 127  
Watrous, NM 87753  
Fax No. (505) 454- 1155

PLEASE PRINT OR TYPE:

School/Group Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Street/P.O. Box

City

State

Zip

E- mail Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Tour Requested? \_\_\_\_\_

Date Requested: \_\_\_\_\_ Time of Arrival: \_\_\_\_\_

No. of Students: \_\_\_\_\_ No. of Adults: \_\_\_\_\_ Age & Grade of Students: \_\_\_\_\_

Goal/Objective of Visit (how this specifically relates to Fort Union NM): \_\_\_\_\_

Please Supply the Following:

Copy of Course Curriculum and Documentation of your Official Recognition (letterhead) as an Educational or Scientific Institution.

FEE WAIVERS MUST BE APPROVED TWO WEEKS IN ADVANCE BEFORE ANY VISIT TO THE PARK.

OFFICIAL USE ONLY:	Date Confirmed:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Confirmed	<input type="checkbox"/> Via:Fax	<input type="checkbox"/> E-Mail	<input type="checkbox"/> U.S. Mail	<input type="checkbox"/> Other
Fee Waiver granted:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
SUPERINTENDENT _____	DATE _____			