

**OREGON CAVES
NATIONAL MONUMENT AND PRESERVE**

19000 Caves Hwy
Cave Junction, OR 97523
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FEE WAIVER APPLICATION

School Name: _____ Phone Number: _____

Person in Charge: _____ Email Address: _____

Mailing Address: _____

Number of People in Group: _____ Proposed Date of Visit: _____

*Check here if this is a research group studying resources related to the Monument.
Please provide documentation of official sponsoring institutions.*

**Education groups must submit three pieces of documentation to support your request.
Please check to indicate that you are submitting the following:**

Proof that your group is an educational organization, such as a letter of accreditation or an educational tax exemption letter. A tax-ID number is not sufficient.

A copy of your lesson plan that includes national, state, or district standards.

A statement indicating how visiting the Oregon Caves is relevant to your lesson plan.

Waivers must be requested and approved in advance of your visit.

For NPS Only

Fee Waiver Approved: _____ Not Approved: _____

ORCA Fee Supervisor Signature: _____ Date: _____