



Academic Fee Waiver Application Cape Hatteras Lighthouse or Wright Brothers National Memorial

Please type or legibly print the information requested in the blanks below. Attach additional sheets if necessary.

Name of Academic Institution: _____

Address: _____ City _____ State ____ Zip _____

Department: _____

Academic Institution Phone Number: _____

Alternate Contact: _____ Email: _____

Number of Faculty/Chaperons: _____ Number of Students: _____ Grade Level: _____

Number of Vehicles: _____ Type (Bus/Car) _____ Charter (Y/N): _____

Wright Brothers Memorial - **Arrival Date:** _____ **Arrival Time:** _____

Cape Hatteras Lighthouse - **Arrival Date:** _____ Contact Lighthouse for group tour reservations at (252) 475-9621

Course Title and description of class/studies or activity:

State the educational purpose of trip and direct relation to the resources of Wright Brothers NM and/or Cape Hatteras Lighthouse:

Is the educational purpose of the visit part of your accredited curriculum? If yes, explain.

Will any filming or photography be involved with your activity? If yes, describe.

Will you be setting up any equipment (tent, sound/PA system, catering, concessions)? If yes, explain _____

Are you utilizing the services of a commercial tour company? _____ Yes _____ No
_____ Bus Rental Only

If yes, has the tour company removed your entrance and/or lighthouse fees from your tour price?
_____ Yes _____ No

How did members of your group learn about the opportunity to participate in this activity?

Have you or your organization applied previously for a waiver for this activity?
Yes _____ No _____
If granted, when? _____

I hereby certify that the above detailed trip meets these requirements and therefore request that fees be waived. Current official documentation of recognition of affiliation as an education institution by a Federal, State or local government entity, or other evidence attesting to educational status is attached. It is insufficient to merely state or imply this on official letterhead. Lack of, or insufficiently prepared documentation, may result in denial of requested waiver.

Signature of applicant _____

Title _____ Date _____

SUBMIT APPLICATION TO: caha_permits@nps.gov

_____ **Do not write below this line.** _____

Signature _____

Title _____ Date _____

APPROVED _____ DENIED _____
