



Fee Waiver Application

Entrance fees may be waived for groups associated with bona fide educational institutions in compliance with NPS, RM-22.

Please fill out the following information and attach the required documentation.

1. Name of Group: _____

2. Address: _____

3. Phone Number: _____

4. Email Address: _____

5. Name and title of group leader: _____

6. Number of students: _____ 7. Number of sponsors: _____

8. Date of Visit: _____

9. On official educational institution letterhead, applicants are *required* to provide a statement as to the purpose of the proposed visit.

Academic Fee Waiver Criteria

A. Eligibility

Applicants must prove they are a bona fide academic institution by submitting one of the following:

- A statement confirming educational tax-exemption from the IRS or the applicant's national or state authority; or
- A statement, from a bona fide academic institution, confirming that the group is visiting for the purpose of providing transferable educational credit based on a curriculum; or
- A statement of accreditation, or recognition as an academic institution, from a recognized national, regional, or state authority at the applicant's location.

B. Educational Purpose of the Visit

Applicants must provide a written statement confirming that the visit supports a specific curriculum for which academic credit is offered. If the group is on a commercial tour, the applicant

must state how the tour supports the curriculum.

C. Relevance of Park Resources or Facilities

Applicant must provide a written statement identifying the park resources and/or facilities that will be used to support the educational purpose of the visit, and how they are relevant to that purpose.

Failure to provide adequate and definitive documentation can result in denial of the waiver request.

10. You must enclose documentation of your official recognition as an educational or scientific institution by Federal, State, or local government body:

Certification:

I hereby certify that all of 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.

Applicant's Signature: _____ Date: _____

Email application to:

care_fees@nps.gov

Mail application to:

Capitol Reef National Park
Attn: Fee Office
HC 70 Box 15
Torrey UT 84775

Fax application to:

435-425-3026
Attn: Fee Office