



National Park Service
U.S. Department of the Interior

Vicksburg National
Military Park

3201 Clay Street
Vicksburg, MS 39183-3495
601-636-0583 phone
601-636-9497 fax

Vicksburg National Military Park Application for Waiver of Entrance Fees

This is to request a group visit to Vicksburg National Military Park. Please complete and fax or mail to: Vicksburg National Military Park, 3201 Clay Street Vicksburg, MS 39183. If you need to make changes after submitting this request or to cancel the trip, please call as soon as possible at 601-638-1870 ext. 2912.

Name of Institution: _____

Official in charge of group and title: _____

Address: _____ Zip: _____

Phone number: _____ Fax: _____ E-Mail _____

Date(s) of Visit: _____ Time: _____

Number of Students: _____ Age/Grade: _____

Number of Chaperones: _____ Special Needs Group: _____
(Disabilities, accelerated or learning disabled)

____ Yes, we are requesting a fee waiver for an educational tour of the park.

Has the group studied this topic? YES ____ NO ____

A statement of the educational and/or scientific objectives (specific curriculum) to be accomplished through this visit is (Required), and should be attached to the application as a cover letter on the School's letterhead.

CERTIFICATION: I hereby certify that the above organization is officially recognizes as a bona fide educational or scientific institution by a Federal, State, or Local government body and that all of the information provided herein are true and accurate the best of my knowledge and are submitted for the explicit purpose of obtaining a waiver of entrance fees. I also certify that the visit by this group is for educational and/or scientific purposes and with the understanding that Title 18 of the United Stated Code, Section 1001, provides penalties for willful falsification in statements of representations to an agency of the United States.

Signature of Applicant

Date

____ Approved as submitted SAVE FORM ____	____ Approved for ____ adults only (Must pay for additional adults) PRINT FORM ____	____ Disapproved CLEAR FORM ____
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Signature of Park Official