United States Department of the Interior

U.S. FISH AND WILDLIFE SERVICE

Long Island National Wildlife Refuge Complex

340 Smith Road

Shirley, New York 11967

Phone: (631) 286-0485

**APPLICATION FORM FOR WAIVER OF ENTRANCE FEE**

Please complete this form if you feel your group is eligible for waiver of entrance

fee charges. Return the form *along with documentation of your official recognition as an educational, scientific, or care-giving institution (i.e. copy of institution’s official letterhead)* to the above address at least one week prior to the date of your intended visit.

**Name of Group Leader** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of School/Institution/Group**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Phone #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fax #**\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Visit**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Number of Participants \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(waiver will only be applicable to the above date)

**Purpose of Visit**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Signature of Group Leader**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

----------------------------------- For Official Use Only -----------------------------------

**Special Conditions** Please keep all bird seed OFF the trails. The refuge does not want to encourage the presence of invasive predators (such as rats), which cause damage to native wildlife. Thank you for your cooperation!

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Visitor Services Manager signature Date