

PECOS NATIONAL HISTORICAL PARK FEE WAIVER FORM

FORM MUST BE COMPLETED IN FULL
RESERVATIONS FOR TOURS WILL BE ON A FIRST COME BASIS

Return Forms To: Pecos National Historical Park

c/o Chief of Interpretation

P.O. Box 418

Pecos, NM 87552

Fax No. (505) 757-7207

PLEASE PRINT	OR TYPE:				
School/Group N	Name:				
Contact Name:					
Mailing Address	s:				
	Street/P.O. Box	City		State	Zip
E- mail Address	: <u></u>				
Tour Requested	1?				
Date Requested	: <u></u>	Tin	ne of Arrival:		
	:No. o				
Please Supply the Copy of Course Scientific Institu	e Curriculum and Do	ocumentation of you	ır Official Recognit	ion (letterhead) a	s an Educational or
	MUST BE APPROV				
	ONLY: Date				:
Confirmed Via:Fax E-Mail U.S. Mail Other					
Arrived on Schedule: Yes No					
Comments:					: