

Notice: Use of this form is required by the Department for any application filed pursuant to ss. 27.01(9) and 27.01(10)(f), Wis. Stats., and s. NR 45.12(2)(d), Wis. Adm. Code. Personally identifiable information on this form will be used to administer the parks and forest program.

Instructions: Mail this fee waiver request to:

DNR Parks Camping Program Manager
101 S Webster Street
PO Box 7921
Madison WI 53707-7921

Allow at least 7 days for the Department to review your request.

Organization Information

Organization Name		Name of Contact Person	
Mailing Address			
City	State	ZIP Code	Telephone Number

Camping Information

Describe Primary Purpose of Your Organization

Conditions:

- Provide a copy of group charter.
- For mentally or physically disabled persons and their attendants brought by a nonprofit organization recognized by the Internal Revenue Service under 26 USC 501(c)(1) or (3) whose primary purpose is the improvement of the mental or physical health of the individual. Include proof of nonprofit status by attaching a copy of the organization's charter. **Between Memorial Day and Labor Day fee waivers are limited to Sunday through Thursday nights.** The Department reserves the right to make adjustments in assignments of site as necessary.
- Groups are encouraged to use a group camp area. There is a limit of six persons per campsite in family campgrounds.
- The organization in charge of the outing must provide close and continuous supervision of the group. Failure to do so could be cause for eviction or disapproval of future requests.

Applicant Signature

Signature of Applicant	Date Signed
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DNR REPLY

Your group meets the requirements of the camping fee waiver request and this approved form is your authorization for camping exemption.

Your ID number is _____. Use this number when making your reservation. Call 1-888-947-2757. Reservations are subject to availability.

Your group DOES NOT meet the fee waiver requirements and you are NOT exempt from the fees required. We are sorry your request can not be approved.

Signature of Camping Manager	Date Signed
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