



Entry fee waiver request form

For groups ONLY, not individuals

Date _____

CONTACT DETAILS

Organisation _____

Contact _____

Postal Address _____

Suburb _____ State _____ Postcode _____

Telephone _____ Email _____

Please give a brief explanation of your organisation and participants (please attach extra sheets if required)

WAIVER REQUEST

Purpose of visit _____

Day visit only Date _____ Park _____

Multiple visits Dates _____

Parks _____

If you have ticked 'multiple visits' please estimate the number of visits per year _____

Please state anticipated number of participants per visit _____

Age of participants Under 15yrs 15-24yrs 25-39yrs 40-59yrs 60yrs and over

Number of vehicles used by your organisation _____

Registration number/s _____

Name _____ Job title _____

Signed _____

OFFICE USE ONLY

Waiver approved Yes No Date _____

Authorisation signature _____ (for the delegate of the Director General)

PLEASE RETURN COMPLETED FORM TO

Department of Parks and Wildlife

Locked Bag 104 Bentley Delivery Centre WA 6983

Phone: 08 9334 0240 Email: park.passes@dpaw.wa.gov.au Fax: 08 9334 0221