

# FLORIDA CAVERNS STATE PARK GROUP TOUR REQUEST FORM

- DIRECTIONS:**
- Read the Group Tour Request Terms below
  - Fill out the form completely
  - Scan & email form to Kelly.Banta@dep.state.fl.us ~ or ~ fax to Kelly at 850-482-9114

## GROUP TOUR REQUEST TERMS:

- Groups must have a minimum of 25 people (maximum 200). Tours are available Monday, Thursday & Friday only. Cave tours are scheduled for specific time periods, with no more than 25 people per time.
- Group Tour Requests must be made at least three (3) weeks in advance.
- Tour requests are made by filling out this form and returning it, along with payment in full and other required documents. (Florida/Federal Tax Exempt Certificate &/or Florida school entry fee waiver letter.)  
~ The Florida School Entry Fee Waiver letter must be written by a school official on School letterhead, and contain the date(s) of the visit(s) and a statement that it is for educational purposes (rather than recreational).
- Group Tour Requests are not guaranteed until payment in full is received, and park staff has contacted you to confirm that a Reservation is in place.
- Full payment must be received at least 10 days prior to the Group Tour date requested. If the payment is not received within the 10 days, the Group Tour request will be disregarded.
- Payment should be in the form of cash, checks, credit cards and money orders.

**Tour dates and times requested are not guaranteed until payment and documentation are received---AND the park's reservation staff has contacted you for confirmation.**

**By filling out this form you confirm that you have read and understand the Group Tour Request Terms, and agree to abide by them.**

TOUR DATE REQUESTED: \_\_\_\_\_

TOUR TIME(S) REQUESTED: \_\_\_\_\_ TOTAL PEOPLE: \_\_\_\_\_

SCHOOL/GROUP NAME (*required*): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SCHOOL PRINCIPAL'S NAME (*required*): \_\_\_\_\_

CONTACT (*required*): \_\_\_\_\_ work number: \_\_\_\_\_

cell. phone: \_\_\_\_\_ fax number: \_\_\_\_\_

CONTACT EMAIL (*required*): \_\_\_\_\_

SPECIAL NEEDS/ACCOMMODATIONS: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE (for Park Staff ONLY)**

**RESERVATION CONFIRMED**

\_\_\_\_\_ date \_\_\_\_\_ time \_\_\_\_\_ Park Staff approving \_\_\_\_\_

## NOTICE --- LATE ARRIVALS

You are paying for specific tour times on the tour schedule. If you arrive late, we will try to fit your group into later tours---if they are available. If no other tours are available, **NO** refunds will be given.

# GROUP TOUR FEES (Please read carefully)

Florida/Federal TAX EXEMPT (w/ Certificate)	Florida School ENTRY FEE WAIVER (w/ Waiver Letter)	GROUP TOUR FEE (per person)	PARK ENTRANCE FEE (per person)	TOTAL COST PER PERSON	EXTRA PERSON (Not included in original prepaid group.) Pays full cave tour price	
					ENTRANCE	CAVE TOUR
YES	YES	\$3.72	WAIVED	\$3.72	WAIVED	\$8.00
YES	NO	\$3.72	\$1.86	\$5.58	PAYS FEE *	\$8.00
NO	YES	\$4.00	WAIVED	\$4.00	WAIVED	\$8.60
NO	NO	\$4.00	\$2.00	\$6.00	PAYS FEE *	\$8.60

**Tax Exempt** - ONLY Florida or Federal Tax Exempt Certificates. They MUST be submitted along with the Group Tour Request form. (We do not keep copies of Tax Exempt Certificates on file.)

**Entry Fee Waiver** - Only Florida schools qualify.

- ~ A Fee Waiver letter MUST be submitted along with the Group Tour Request form.
- ~ If you do not send your Fee Waiver letter, you will be required to pay the Park Entrance Fee.
- ~ The Fee Waiver Letter must be written by a school official on School letterhead, and contain the date(s) of the visit(s) and a statement that it is for educational purposes (rather than recreational).



## DO NOT WRITE BELOW THIS LINE (for Park Staff ONLY)

**Initial application received** date: \_\_\_\_\_ by: \_\_\_\_\_

**Applicant contacted** date: \_\_\_\_\_ by: \_\_\_\_\_

comments \_\_\_\_\_

**Follow-up** date: \_\_\_\_\_ by: \_\_\_\_\_

comments \_\_\_\_\_

date: \_\_\_\_\_ by: \_\_\_\_\_

comments \_\_\_\_\_

**Special Arrangements/Considerations:**

\_\_\_\_\_

### TO BE FILLED OUT BY PAYMENT PROCESSOR

**Florida or Federal Tax Exempt Certificate received?**  yes  no  not applicable

**Florida School Fee Waiver Letter received?**  yes  no  not applicable

**Fee received** date: \_\_\_\_\_ by: \_\_\_\_\_

amount\$  cash  check -- number \_\_\_\_\_

credit card card type \_\_\_\_\_

money order/cashier check # \_\_\_\_\_

**Payment processed** date: \_\_\_\_\_ by: \_\_\_\_\_

receipt #: \_\_\_\_\_

**\*\*NOTE TO PAYMENT PROCESSOR\*\* Print 2 receipts. Attach both receipts & this form to your Daily Shift Summary**

**Fee returned** date: \_\_\_\_\_ by: \_\_\_\_\_

comments \_\_\_\_\_