

**PLEASE ALLOW A MINIMUM OF 14 DAYS FOR REVIEW**

**ILLINOIS AUDUBON SOCIETY  
APPLICATION FOR LARGE GROUP  
(25+ PEOPLE)**



**CONTACT INFORMATION**

Name:

Address:

Phone Number:

Email Address:

Affiliation (if appropriate):

**PROPOSED VISIT AND ACTIVITIES**

Name of Illinois Audubon Society Sanctuary:

(NOTE: if visiting multiple sanctuaries, please fill out an application for each sanctuary)

Date of Visit:

Time of Visit:

Length of Visit (hours):

Expected number of people in group:

General reason for visit/description of activities:

*(Signature field on reverse side)*

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**GENERAL RULES**

1. Participants will ensure that all clothing and equipment is free of exotic or invasive seed.
2. Group members must remain on trails during the visit.
3. There should be no trampling of vegetation.
4. Group size will not exceed expected group size provided above.

BY MY SIGNATURE, I CERTIFY THAT I HAVE READ AND UNDERSTAND THE PERMIT REQUIREMENTS ABOVE AND THAT THE ABOVE SUPPLIED INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature

Date