Misty Cave Visitation Request

•	I,(name), would like to request permission to visit
	Misty Cave with a group of approximately adults andchildren, on
	(date of visit)
•	I understand that as the trip leader, it is my duty to have all participants sign a waiver, collect the signed waivers and be sure that all participants understand and abide by the White Nose Syndrome (WNS) protocols as outlined in the Misty Cave Preserve Management Plan.
•	I have been provided with a copy of the Misty Cave Preserve Management Plan. I understand it is my duty to discuss the rules outlined in the plan with my group.
•	Submitting this form does not guarantee approval or access to the property. Upon submitting, you will be informed if the request has been approved.
Date	request was received
	oved by:on(date)

Submit completed form via email or US Mail at least two weeks prior to planned visit to the person below or to any member of the Misty Cave Preserve Management committee.

Pete Stow 6356 Deermeade Drive Florence, KY 41042 Stowpj680@yahoo.com