

**Whispering Woods at the Ducktrap Wildlife Preserve
Application for Facility Use**

Sections 1-4 must be completed by the applicant.
Section 5 to be completed by the designated agent of the Ducktrap Wildlife Preserve.

1. Applicant Information

Organization: _____

Name of person(s) who will have supervision of event: _____

Mailing Address: _____

City, State, Zip: _____

Telephone Number & Email Address: _____

2. Event Information

Description of Proposed Activity: _____

Hours: _____

3. Guest Information

Number of Adult Guests (Age 18 and over): _____

Number of Children (Age 18 and under): _____

4. Acceptance of terms & Indemnification

I agree to follow all of the conditions of the venue use policies and certify that I have the legal authority to bind any entity that I may represent. I agree to indemnify and save harmless the Ducktrap Wildlife Preserve and its agents against any and all loss, damage, claim, or liability whatsoever, due to personal injury, or damage to property of others.

Signature of Applicant / Title: _____

Date Signed: _____

5. Approval (to be completed by the Ducktrap Wildlife Preserve designated agent):

☐ Approved ☐ Denied (Indicate reason):

Signature / Title: _____

Date Signed: _____

Please Submit Application to:

The Ducktrap Wildlife Preserve
Attn: Meaghan Janaitis
PO Box 166, Lincolnville, ME 04850
OR scan and send by email: meaghan@gautschicenter.com