Eastern Illinois University
Fifteenth Annual Earth Science Field Experience for Teachers
June 18 - July 4, 2005

APPLICATION FORM
please type or print

Name:_____ Social Security Number: _____
Last First MI

School Name: _____

School Address: _____

School Phone* _____ Best Time to Call: _____

Home Address: _____

Home Phone: _____ Best Time to Call: _____

E-mail address: _____ T-shirt size (S, M, L, XL, etc.) _____

Gender _____ (for purposes of rooming assignments)

This course is physically demanding. Are you in good physical condition? _____
If you have any health conditions you feel we should know about, please explain (this information will be kept strictly confidential).

Will you be taking any medication during the trip of which you feel the Director should be aware (this information will be kept strictly confidential)? If yes, please name the drug and give physician's name, address, and phone number.

Person to be notified in case of emergency:

Name:_____ Relationship: _____ Phone: _____

Address:_____
(If different from applicant's)

If you intend to have an adult family member or friend accompany you, please list below.

Name:_____ Age:_____ Gender:_____

(Be sure to complete an Application Form and include the $100 deposit for this person)

How did you learn about this course? Flyer ____ World Wide Web ____ Friend ____ Other ____

Please mail application form and $100 deposit to:

Ms. Susan Kile
Department of Geology/Geography
Eastern Illinois University
600 Lincoln Avenue
Charleston, IL 61920-3099

A $100 deposit **MUST** accompany the application and must be received by February 10, 2005. Please make checks payable to "Eastern Illinois University." Upon receipt of the application and deposit check, you will receive a registration and information packet. The application form may be reproduced.

*We ask for this information in case we must contact you and this is the only time/place we have to reach you.

FAXED APPLICATIONS WILL NOT BE ACCEPTED.