

THE 2009 ALLENDALE PALEOAMERICAN EXPEDITION APPLICATION AND PERSONAL DATA FORM

(Please complete this form and return it to the address below.)
(Submit one form per person)

Name _____ Age _____ Sex _____

Street Address _____

City _____ State _____ Zip _____

Day Phone (_____) _____ Home Phone (_____) _____

Mailing Address (if different from above) _____

Parent or Guardian's Name _____

Emergency Contact (name) _____ phone (_____) _____

Address _____ City, _____ State _____

HEALTH AND SAFETY WARNING:

While we intend to observe common sense rules of safety, please realize that this is a field archaeology expedition. There are normal risks involved in working outdoors in a relatively remote area such as sun exposure, insect bites, poison ivy, minor cuts from flint chips, working with hand tools and around mechanical equipment and physical labor.

GENERAL HEALTH? _____ DISABILITIES? _____

Are you intensely allergic to insect bites or other substances (not simple allergies)

YES NO If so, please explain _____

Are you taking strong prescription medicine? YES NO If so, what _____

Note: Please plan to bring all necessary prescriptions and insect bite kits if you are allergic.

NOTE: You must sign two claims release forms to be able to attend the expedition. One is required by the University of South Carolina and the other by Clariant, the owners of the site.

REGISTRATION

I wish to register for the following week(s):

_____ May 4 - 9

_____ May 11 - 16

_____ May 18 - 23

_____ May 25 - 30

_____ June 1 - 6

Have you ever participated in an archaeological excavation before? YES NO
If so, when and where was your experience

EXPEDITION MEMBER REGISTRATION COST

The cost of expedition member participation for one week is \$466.00. Please make checks payable to USC Education Foundation and write Allendale Expedition on your check. A nonrefundable \$60.00 application deposit is required to reserve your place. The balance is due April 15, 2009.

_____ \$60.00 Pre-Registration Deposit Enclosed (\$406 balance will follow by April 15, 2009)

_____ \$60.00 Pre-Registration Deposit Paid On-line (\$406 balance will follow by April 15, 2009)

_____ \$466.00 Expedition Member Registration Enclosed

I, the undersigned, have read and understand the above information. I also understand that this is a scientific research project and that I am coming to help as an expedition crew member to help make the project a success.

Expedition Participant

Date

Dr. Albert Goodyear
SC Institute of Archaeology and Anthropology
University of South Carolina
1321 Pendleton St., Columbia, SC 29208
803-777-8170 - Email: goodyear@sc.edu
(Make checks and money orders payable to USC Ed. Foundation, Allendale)