



HIGH SCHOOL PROGRAM IN POLLENTIA

Name _____
First Middle Last

Home Address _____

City/State/Province, Zip code _____

Country _____

Home Phone _____ Email _____
Area Code Number

Date of Birth _____ Male Female

Current Grade: _____ School: _____

Parent/Guardian _____

Day Phone _____ Fax _____ Email _____

Eve. Phone _____ Fax _____ Email _____

How is your Spanish?

- Je ne parle pas Awful Survival Pretty good ¡Excelente!

On the back, or on a separate piece of paper, please tell us in no more than 500 words why you would like to participate in the program, how you expect to benefit from the experience, and what you can contribute.

How did you hear about ArchaeoSpain? _____

Application fee (\$300) enclosed:

- Personal check Credit card (see next page) Wire transfer

ArchaeoSpain reserves the right to refuse an applicant's selection. Once in the field, the program director and ArchaeoSpain reserve the right to send a participant away from the program should that person's behavior compromise the safety, research objectives and general performance of the group, or violate Spanish laws, regulations or customs. In the case of removal from the program, there will be no refund of fees and cost for the program for the individual concerned, and the person removed will be responsible for any traveling costs following the removal.

Parent/Guardian signature: _____ Date: _____

NOTES _____

Send your completed application to:

ArchaeoSpain
5 Ironwood Lane
West Hartford, CT 06117
United States
Tel/Fax: +1 (866) 932 0003

OFFICE USE ONLY		<input type="checkbox"/> S / <input type="checkbox"/> N
Date rec. _____	Date acc. _____	
Ref n _____	_____	

Signature of Cardholder: _____