**ADVANCED ARCHAEOLOGICAL FIELD STUDIES**

**ANTHROPOLOGY 5180-1**

**APPLICATION FORM**

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

SCHOOL/DEPARTMENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YEAR IN SCHOOL \_\_\_\_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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SOCIAL SECURITY NUMBER \_\_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_   
EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/LEGAL GUARDIAN

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HOME ADDRESS

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PHONE (\_\_\_\_) \_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESCRIBE ANY PHYSICAL DISABILITY OR CONDITION (INCLUDING **ALLERGIES**)

THAT MIGHT REQUIRE MEDICAL ATTENTION

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PERSON TO CALL IN CASE OF MEDICAL PROBLEM/ACCIDENT:

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS

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HEALTH INSURANCE CARRIER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POLICY NUMBER\_\_\_\_\_\_\_\_\_\_

PERSONAL OR UNIVERSITY TRANSPORTATION? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(please feel free to add vita or other description of relevant classes, work experience, and skills)

Please mail to: ATTN: Advanced Archaeological Field School, Department 3431, 1000 East University Avenue, Laramie, WY 82071; or email to: (Marcel Kornfeld) [**anpro1@uwyo.edu**](mailto:anpro1@uwyo.edu)