

# Samshilde Summer School In Archaeology

The real archaeological experience at Samshilde  
Archaeological Complex. 2024.



## REGISTRATION FORM

### PERSONAL INFORMATION

FULL NAME:

SEX: M  F

DATE OF BIRTH: *(yyyy-mm-dd)*

CITIZENSHIP:

PASSPORT NUMBER: EXPIRY DATE:

LANGUAGE(S) SPOKEN AND PROFICIENCY: *(Beginner, intermediate, advanced or native speaker)*

### CONTACT INFORMATION

APPLICANT'S ADDRESS

Street + number:

City:

Mobile:

E-mail address:

EMERGENCY CONTACT'S ADDRESS

Full name:

Street + number:

City:

Mobile:

E-mail address:

Relation to applicant:

**ACADEMIC INFORMATION** *(If applicable)*

**SCHOOL:**

**PROGRAM:**

**EXPERIENCE IN ARCHAEOLOGY:**

**SPECIFIC INTERESTS IN ARCHAEOLOGY:**

**ADDITIONAL INFORMATION**

**DIETARY REQUIREMENTS:**

**MEDICAL CONDITIONS, ALLERGIES OR MEDICATION:**

<input type="checkbox"/>	I CONFIRM THAT I HAVE READ AND UNDERSTOOD THE ABOVEMENTIONED INFORMATION.		
<input type="checkbox"/>	I UNDERSTAND THAT, ALTHOUGH EVERY PRECAUTION WILL BE MADE TO ASSURE TRAINEES' SAFETY, SAMSHVILDE ARCHAEOLOGICAL EXPEDITION CANNOT GUARANTEE MY ABSOLUTE SAFETY CONCERNING ISSUES OUT OF OUR CONTROL. I WILL USE PRECAUTION DURING ALL ACTIVITIES DURING THE PROGRAMM		
<input type="checkbox"/>	I HAVE MADE THE PROJECT DIRECTORS AWARE OF ANY HEALTH OR MEDICAL ISSUE THAT MAY AFFECT MY PARTICIPATION IN THE SUMMER SCHOOL		
<b><i>SIGNATURE</i></b>		<i>(yyyy-mm-dd)</i>	

- Please, Send Your Filled Application Form Before **JUNE 10<sup>TH</sup>, 2024** to: davidberikashvili8@gmail.com