

# **Fourth Expedition to Lachish**

## **Hebrew University of Jerusalem**

### **Applicant Information Sheet**

Please include with your application sheet a sum of US\$50 registration fee, paid to *The Israel Exploration Society* and mail it to:

**Prof. Yossi Garfinkel**  
**Institute of Archaeology**  
**Hebrew University of Jerusalem**  
**Jerusalem 91905**  
**Israel**

#### Personal Details

<b>Full Name:</b>	
<b>Date of Birth (MM/DD/YY):</b>	
<b>Nationality:</b>	
<b>Passport No.:</b>	<b>Passport Expires:</b>
<b>Insurance Carrier:</b>	<b>Policy No.:</b>
<b>Telephone:</b>	<b>E-mail Address:</b>

#### Current Address

<b>Address:</b>	
<b>City:</b>	<b>ZIP Code:</b>
<b>State:</b>	<b>Country:</b>

#### Permanent Address

<b>Address:</b>	
<b>City:</b>	<b>ZIP Code:</b>
<b>State:</b>	<b>Country:</b>

Duration Stay, indicate dates between 18th of June to 27th of July:

<b>Dates:</b>
<b><u>Archaeological Experience:</u></b>

Archaeological fieldwork can be strenuous and involve considerable exposure to the sun.

<b>Your Health Condition:</b>	<b>Excellent Good Fair Poor</b>
<b>If applicable, specify special dietary restrictions (medical, religious or personal):</b>	
<b>Describe any physical conditions that may limit your activities (e.g., allergies, respiratory problems, etc.):</b>	

Contact in case of emergency

<b>Full Name:</b>	
<b>Address:</b>	
<b>City:</b>	<b>ZIP Code:</b>
<b>State:</b>	<b>Country:</b>
<b>Telephone:</b>	<b>Cellular Phone:</b>

<b>Date:</b>	<b>Signature:</b>
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