

Please indicate the course in which you will be participating:

G329 _____ G429 _____

G426 _____ G429e _____

JUDSON MEAD GEOLOGIC FIELD STATION OF
INDIANA UNIVERSITY

STUDENT INFORMATION FORM

Due Date: Upon Receipt – please complete and submit right away

Name to appear on name badge: _____
(We use first and last names. Please print clearly)

Drivers License Number _____ State _____ Exp date _____

Address on License _____ Zip Code _____

E-mail address: _____

Birth date: _____ Cell phone: _____

Special dietary needs:

Vegetarian

Other (Please specify): _____

Medical Concerns:

Allergies (Please specify): _____

Other (Please specify): _____

Emergency Contact Name _____

Emergency Contact Phone Number: Daytime: _____ Evening: _____

Physical Handicaps:

Signature: _____ Date: _____

Mail to: IUGFS, Attn: Cindy Hale, 1001 E. Tenth St., Bloomington, IN 47405