

# **KFAR HAHORESH ARCHAEOLOGICAL EXCAVATIONS FIELD SCHOOL APPLICATION FORM**

**THIS FORM MUST BE SENT TOGETHER WITH THE  
REGISTRATION FEES TO GUARANTEE YOUR PLACE ON  
THE EXCAVATION**

\* = mandatory information: PLEASE PRINT!

\*\*= full medical insurance must be arranged by each participant in advance.

\*Surname \_\_\_\_\_

\*First Name \_\_\_\_\_

\*Nationality \_\_\_\_\_

\*Gender: \_\_\_\_\_

\*Date of Birth \_\_\_\_\_

\*Passport No.: \_\_\_\_\_

\*\*Medical Insurance & number: \_\_\_\_\_

\*Telephone: \_\_\_\_\_

FAX: \_\_\_\_\_

\*E-mail: \_\_\_\_\_

\*Postal Address: \_\_\_\_\_

How did you hear about us:

Profession/Previous experience/relevant skills/related studies, if any:

I wish to participate during the following weeks (minimum stay – two weeks).

**Any known medical limitations** (e.g.. allergies, respiratory problems, etc.):

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Please return the completed application form (print from the internet) together with the \$150 (100 Euro) non-refundable registration fee in order to secure your place on the dig. Payment should be sent by bank or personal checks made out to "**The Israel Prehistoric Society**". *Eurochecks cannot be accepted*. Confirmation will be e-mailed to you once registration form and fee have been received.

Send the application and registration fee by mail to:

Ms. Michal Birkenfeld  
Institute of Archaeology  
Hebrew University of Jerusalem  
Mt. Scopus, Jerusalem 91905  
Israel  
Fax: 972-2-5825548

Registration form may be e-mailed to:  
[michal.birkenfeld@mail.huji.ac.il](mailto:michal.birkenfeld@mail.huji.ac.il)

***Application form and registration fee must be received by May 1, 2010***

It is recommended (not compulsory) for excavation participants to undergo a full health examination prior to the dig. All volunteers must carry proof of a valid health/accident insurance policy during their stay at the excavation and in Israel.

I certify that my state of health permits me to participate in strenuous physical activity in bright sunlight and heat (as is normal in archaeological excavations).

**Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_