

Samshvilde Summer School in Archaeology

The real archaeological experience at Samshvilde
Archaeological Complex. 2025.



სამშვილდის
არეოლოგიური
ექსპედიცია
SAMSHVILDE
ARCHAEOLOGICAL
EXPEDITION

REGISTRATION FORM

PERSONAL INFORMATION

FULL NAME: SEX: M F

DATE OF BIRTH: (yy..yy..mm-dd) CITIZENSHIP:

PASSPORT NUMBER: EXPIRY DA TE:

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:

I CONFIRM THAT I HAVE READ AND UNDERSTOOD THE ABOVEMENTIONED INFORMATION.

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

I HAVE MADE THE PROJECT DIRECTORS AWARE OF ANY HEALTH OR MEDICAL ISSUE THAT MAY AFFECT MY PARTICIPATION IN THE SUMMER SCHOOL

SIGNATURE

(yyyy-mm-dd)

- Please, Send Your Filled Application Form Before **JUNE 1st, 2025** to: davidberikashvili8@gmail.com