

# Samshvilde Summer School in Archaeology

The real archaeological experience at Samshvilde  
Archaeological Complex. 2025.



სამშვილდის  
არქეოლოგიური  
ექსპედიცია

SAMSHILDE  
ARCHAEOLOGICAL  
EXPEDITION

## REGISTRATION FORM

### PERSONAL INFORMATION

FULL NAME:

SEX: M ☐ F ☐

DATE OF BIRTH: *(yy...yy...-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>SIGNATURE</b>		(yyyy-mm-dd)	

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