

## **HOW TO APPLY FOR THE ELANA GOLD '93 MEMORIAL ENVIRONMENTAL RESTORATION PROJECT**

The Elana Gold trip will be limited to 40 students this year, with preference given to students in high school (completing grades 9, 10, 11 and 12) as of June, 2009. Registrants will need to provide two non-family references to complete the enrollment process.

As this is a popular trip, and we would like all accepted applicants and the project to reap the full benefits of participation, please plan to attend the entire weeklong session.

Applicants should write a brief description of their interest in the Elana Gold project experience including what they hope to gain from it. This essay will be used to choose the 2009 trip participants.

By Friday, April 24, 2009, applicants must submit:

- the completed form on the following page
- the essay described above
- a check made to Catlin Gabel School for \$100

**MAIL TO:** Elana Gold Memorial Trip at Catlin Gabel School  
c/o Bob Sauer  
8825 SW Barnes Road, Portland OR 97225

**OR**

**DROP OFF :** at Upper School Office or Bob Sauer's box in Dant House

Selection of 2009 participants will be announced by e-mail during the second week of May. The trip fee will be returned if enrollment is denied.

**Elana Gold '93 Memorial Environmental Restoration Project  
Registration**

Student: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Completing grade: \_\_\_\_\_ at: \_\_\_\_\_  
(Current school)

Home address: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Parent's full name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent's full name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Email \_\_\_\_\_

Designated alternate contact & phone \_\_\_\_\_

Please provide the names, phone numbers, and e-mail addresses of two non-family adults who know you well who agree to provide a reference for you.

Name \_\_\_\_\_ Phone: \_\_\_\_\_ e-  
mail: \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_ e-  
mail: \_\_\_\_\_

**Total due: \$100**

\_\_\_\_\_ **Full payment is enclosed (make checks payable to Catlin Gabel School)**

In the case of a situation requiring emergency medical attention, first aid will be administered if advisable and immediate provision made to transport the child to the nearest hospital or clinic. Your signature on this form empowers the emergency staff to take such measures as seem reasonable and prudent. Every effort will be made by Catlin Gabel to reach the parent or designated alternative contact.

\_\_\_\_\_  
Signature of parent or guardian Date

Family physician \_\_\_\_\_ Phone: \_\_\_\_\_

Health plan or insurance company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Last TETANUS booster: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE NOTE any significant allergies, regular medications, medical restrictions, or behavioral concerns:**