

**APPLYING FOR THE 2010
ELANA GOLD '93 MEMORIAL ENVIRONMENTAL RESTORATION PROJECT**

The Elana Gold Project 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. 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 including what they hope to gain from the experience. This essay will be used to choose the 2010 trip participants.

By Friday, April 23, 2010, 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 2010 participants will be announced by e-mail during the second week of May. The trip fee will be returned if enrollment is denied.

Scroll Down for Application Form

Elana Gold '93 Memorial Environmental Restoration Project Registration 2010

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 _____

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 participant 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: