



# PALEOTREK

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## REGISTRATION FORM

NAME: \_\_\_\_\_ NICK NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
(STREET)

WORK PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

(CITY) (STATE) (ZIP)

PLEASE INDICATE THE DATES YOU PREFER.

FAMILY OR INDIVIDUAL? IF FAMILY GIVE NAMES AND AGES OF PARTICIPANTS:

DO YOU HAVE ANY SPECIAL NEEDS? (MEDICAL, DIET, PHYSICAL, ETC.)

DESCRIBE YOUR PHYSICAL CONDITION.

DESCRIBE YOUR FOSSIL COLLECTING OR DIG EXPERIENCE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_