

The Eagle Adventure Program Application

Please fill out completely!

First Name: _____ Preferred Name: _____ Last Name: _____

Gender: _____ Birth date: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: _____

High School Attended: _____

Freshman or Transfer: _____

Email Address: _____

Emergency Contact Information

Name of Contact: _____

Address (if same as above, leave blank): _____

City: _____ State: _____ Zip: _____ Phone: _____

Special Accommodations

Please let us know if you will need any special accommodations during the trip. Special accommodations may include (but not be limited to): physical accommodations, religious accommodations, food accommodations, etc. Accommodations will be made to include all interested participants.

Student Signature: _____

Parent/Guardian Signature: _____

Make Checks Payable to "USM Preview"

Return by July 1st to:
Dr. Gregor Kay
University of Southern Mississippi
118 College Dr. #5142
Hattiesburg, MS 39406-0001
601.266.6223
Gregor.kay@usm.edu