

Blakely Island Field Station  
Participant Information

Course(s) or Program in which you are participating:

Date(s): \_\_\_\_\_

Name \_\_\_\_\_ Gender M F

Current Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

email \_\_\_\_\_

In Case of Emergency, contact:

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship to you \_\_\_\_\_

Dietary Needs or Preferences:

\_\_\_\_\_

\_\_\_\_\_

Allergies or other medical conditions:

\_\_\_\_\_

\_\_\_\_\_

Please read the liability waiver on the reverse side and sign it or obtain the required signature. Please send this form at least 7 days before your scheduled arrival at Blakely Island to:

Mr. LeRoy N. Hubbert, Resident Manager  
Blakely Island Field Station  
P.O. Box 5273  
Blakely Island, WA 98222  
USA

