

2008 ODYSSEY REGISTRATION FORM

PLEASE PRINT

Student Last Name _____ First _____ M _____

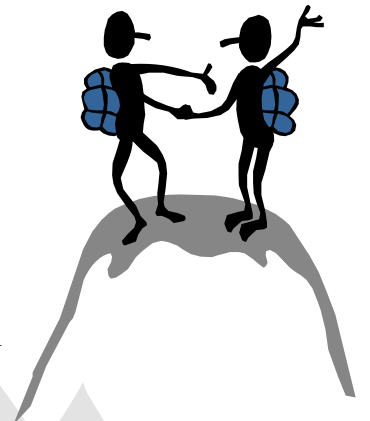
Address _____

City _____ State _____ Zip Code _____

Home/Cell Phone #: (including area code) _____ Gender (Circle One): M F

E-Mail: _____ Shirt Size _____

Age: _____ Birth Date: _____ SS# _____



1. Do you have any dietary restrictions?
2. List any major injuries you have had in the last 5 years.
3. Please list any allergies you have (you will need to bring appropriate medication with you).
4. Are you currently taking any other medications? If so, please list.
5. Do you have any conditions that you think may affect you in a wilderness environment?

_____ I have read and signed the
_____ Liability Release Form

_____ I have enclosed a check for \$325

Please make checks payable to:
"Odyssey Program"

Mail to:
Odyssey
c/o The Adirondack Experience
Plattsburgh State University
101 Broad Street
Plattsburgh, NY 12901

VISIT OUR ODYSSEY WEBSITE

www.plattsburgh.edu/studentlife/orientation/odyssey/