



Urban Science Corps

COUNCIL TO ADVANCE URBAN SCIENCE ENTERPRISE
6737 BRIGHT AVENUE, STUDIO B9, WHITTIER CA 90601
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Application for ArctiQuest Research eXpeditions

(Please print or type) Contact Name: _____
Name of Organization or Recreation Center: _____ Region: _____

Mailing Address: _____
Number and Street City State Zip

Work Phone #: _____ Cell Phone #: _____

Fax Phone #: _____ E-mail Address: _____

Type of Event and Purpose: _____

Would like to use the *ArctiQuest Research eXpedition* in the following ways: _____

Requested Date and Time of Event:

Day(s)	Month/Date(s)	Time(s)
Sunday	_____	_____ to _____
Monday	_____	_____ to _____
Tuesday	_____	_____ to _____
Wednesday	_____	_____ to _____
Thursday	_____	_____ to _____
Friday	_____	_____ to _____
Saturday	_____	_____ to _____

Charging Fee(s)? No Yes \$ _____ Is this a Fundraiser? No Yes

Number of Expected Participants: Adult _____ Youth _____

If approved, the following conditions must be enforced, no exceptions:

- 1) Waiver release form must be completely filled out by each participant. A minor must have their parent's signature.
- 2) All participants in the *ArctiQuest Research eXpedition* must follow safety instructions.

FOR OFFICE USE ONLY

Approved: _____ Rejected: _____ Reason: _____