

**GINO WATKINS MEMORIAL FUND AND EDWARD WILSON FUND
PRELIMINARY REPORT FORM**

EXPEDITION LEADER:	EXPEDITION NAME:	EXPEDITION DATES:

Please complete your *preliminary* expedition report (approximately 500 words).

Signed: _____ Date: _____

Please return this form within one month after the completion of your expedition, together with 1/2 photographs, to:

**The Secretary
Gino Watkins Memorial Fund Committee
Scott Polar Research Institute
Lensfield Road
Cambridge CB2 1ER**