



APPLICATION - 2017
BESFI SUMMER WORKSHOP
July 10 to August 18

Applicant Name _____

Street Address _____

City _____ State _____ Zip _____

Student Telephone: _____ Sex _____ Age _____ Email: _____

Years of Classical Ballet Training _____ Years on Pointe _____

Years of Character Ballet _____ Total Ballet Classes/Wk _____

Years of Modern Dance _____ Classes/Wk _____ Years of Jazz _____ Classes/Wk _____

Name of Current Dance School _____

Address of Current School (Street) _____

City _____ State _____ Zip _____

Name of Current Primary Teacher _____

Name of Parent or Guardian _____

Address (if different from student) _____

Parent Business Address _____

Home Phone _____ Bus. Phone _____ Email _____

Date of Arrival _____ Method of Arrival _____

PLEASE CHECK THE APPROPRIATE ITEMS:

Program? Adv. Adv./Inter Inter. (3) Inter. (2) Number of Weeks? _____

I will attend:

	week 1	week 2	week 3	week 4	week 5	week 6
	Jul 10-14	Jul 17-21	Jul 24-28	Jul 31-Aug 4	Aug 7-11	Aug 14-18
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Housing required? Yes No Airport Pick-up Required? Yes No

LIRR Pick-up? Yes No On arrival? Yes No Daily? Yes No

-OVER-

Medical Ins. POINT-OF-SERVICE _____ # _____

HMO/HIP/PRU/etc. _____ # _____

Do you have any medical condition which restricts your activities or that we should be aware of?

If yes, explain _____

Are you taking any medication for a recurring condition?

List medicines _____

Additional Information:

Are you attending another major summer program this summer? Yes No

If yes, dates _____ Program Name _____

How did you hear about this program? _____

I HAVE READ THE SUMMER PROGRAM BROCHURE AND UNDERSTAND THAT ALL FEES ARE NON-REFUNDABLE UNLESS: (1) THE PROGRAM IS OVERSUBSCRIBED, OR (2) MY APPLICATION IS NOT ACCEPTED. ALL PAYMENTS FOR BESFI ARRANGED LODGING MUST BE MADE DIRECTLY TO SEISKAYA BALLET. EACH STUDENT MUST BEHAVE IN A MANNER CONSISTENT WITH THE HIGHEST STANDARDS OF DECORUM AND GOOD GROOMING. THE BESFI MANAGEMENT SHALL BE THE FINAL ARBITER OF THESE STANDARDS, AND ANY STUDENT CAN AND SHALL BE REMOVED FROM THE WORKSHOP FOR FAILURE TO OBSERVE THESE STANDARDS. IN THE EVENT OF DISMISSAL FOR CAUSE, ALL TUITION AND FEES ARE FORFEIT. FOR STUDENTS UNDER THE AGE OF 13, A DEPENDENT CARE FSA RECEIPT IS AVAILABLE ON REQUEST.

I, THE UNDERSIGNED, AN ADULT, UNDERSTAND THAT I AM ASSUMING ALL FINANCIAL RESPONSIBILITY FOR THE HEREIN NAMED STUDENT AND HAVE READ AND AGREE TO ABIDE BY THE ABOVE-

STUDENT (if an adult) - PARENT OR GUARDIAN (if student is a minor)

DATE

**BALLET EDUCATION AND SCHOLARSHIP FUND, INC.
P.O. Box 2146
ST. JAMES, NEW YORK 11780-0605
(631) 584-0192 ● Fax (631) 862-0507
E-MAIL: info@besfi.com**