



**APPLICATION - 2014**  
**BESFI SUMMER WORKSHOP**  
**July 14 to August 22**

Applicant Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student Telephone \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

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 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 \_\_\_\_\_ Business Phone \_\_\_\_\_

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 14-18      Jul 21-25      Jul 28- Aug 1      Aug 4-8      Aug 11-15      Aug 18-22  
                                                                                                                             

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

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

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.**

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**