



APPLICATION - 2023
BESFI SUMMER WORKSHOP
July 10 to August 18

Applicant Name _____

Street Address _____

City _____ State _____ Zip _____

Student cell: _____ Sex ___ Age ___ Student Email: _____

Years of Classical Ballet _____ Years on Pointe _____ Years of Character Ballet _____

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

Name of Current Dance School _____

Street Address of Current School _____

City _____ State _____ Zip _____

Name of Parent or Guardian _____

Address (if different from student) _____

Parent Business Address _____

Home Phone _____ Cell Phone _____ Email _____

Date of Arrival _____ Method of Arrival _____

PLEASE CHECK THE APPROPRIATE ITEMS:

Program? Advanced Intermediate Number of Weeks? _____

<u>I will attend:</u>	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"/>

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. 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 WHICH SHALL INCLUDE ALL COVID-19 REQUESTED INFORMATION. IN THE EVENT OF DISMISSAL FOR CAUSE, ALL TUITION AND FEES WILL BE FORFEITED. FOR STUDENTS UNDER THE AGE OF 14 (AS AMENDED), 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

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