



**APPLICATION - 2024**  
**BESFI SUMMER WORKSHOP**  
**July 8 to August 16**

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? \_\_\_\_\_

<b><u>I will attend:</u></b>	week 1	week 2	week 3	week 4	week 5	week 6
	<b>Jul 8-12</b>	<b>Jul 15-19</b>	<b>Jul 22-26</b>	<b>Jul 29 Aug 2</b>	<b>Aug 5-9</b>	<b>Aug 12-16</b>
	<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

**BALLET EDUCATION AND SCHOLARSHIP FUND, INC.**  
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