



Lovewell Institute – Sweden

in co-operation with Oskarshamns Folkhögskola

Musical theatre workshop 2010 - Application

Thank you for your application!

*We will contact you after your application has been reviewed and accepted. Please postmark your application by **May 1st, 2010**. Payment must be made in full by **May 15th, 2010**.*

If multiple people in one family wish to apply, you **must** complete a **separate application** for each student.

Please mail your application to:

Lovewell Institute - Sverige
c/o Birgitta Petersson
Repslagaregatan 21
572 30 Oskarshamn

If you have any questions regarding the workshop or the application process please e-mail info@lovewell.se.
There is more information available at www.lovewell.se.

NB! This application is only for the workshop in **Oskarshamn, Sweden** between **July 19:th and August 8:th 2010**. This workshop is open for students age **13-21**.
For information and applications to other Lovewell workshops please visit Lovewell U.S. at www.lovewell.org.

Student Information:

Student Name: _____
Sex: _____ Male _____ Female
Date of Birth: _____ T-Shirt Size _____
Home Address: _____
City / State / Zip Code: _____
Home Phone: _____ Student Cell _____
Student E-mail: _____

Parent / Guardian Information:

Parent / Guardian Name: _____
Parent / Guardian Address: _____
City / State / Zip Code: _____
Parent / Guardian E-mail: _____
Parent / Guardian Phone - Days: _____ Eves: _____
Father / Guardian Profession: _____
Mother / Guardian Profession: _____

Emergency Contact Information:

Emergency Contact: _____
Relationship to Student: _____
Emergency Contact Address: _____
City / State / Zip Code: _____
Emergency Contact Phone - Days: _____ Eves: _____
Emergency Contact E-mail: _____

General Information:

I will live in the dorms and have the meal plan at Oskarshamn Folkhögskola (yes/no): _____
I will have the meal plan only at Oskarshamns Folkhögskola (yes/no): _____
I am a vegetarian (yes/no): _____ Food allergies: _____
School attending: _____
Grade currently enrolled in or (after June 1) just completed: _____
Former Years at Lovewell: _____
How did you hear about us? _____

Payment Schedule & Policies:

- Participation (tuition) in the Lovewell workshop is 5500 SEK (Swedish Krona). This includes the upcoming DVD from the performance of the show written and produced during the workshop.
- There is a nonrefundable 200 SEK application fee to pay to have your application registered. Please note that your application has not been registered until the application fee has been paid.
- Room and board at Oskarshamns Folkhögskola (incl. bed in doubleroom, sheets, towels, breakfast, lunch, dinner, snack) is **an additional** 8000 SEK on top of tuition. A single room costs 9000 SEK.
- Meals only (Lunch and dinner 7 days a week) at Oskarshamns Folkhögskola is 3250 SEK in addition to tuition.
- Payments must be made no later than May 15th, 2010. The payment must be marked with the student's name and social security number, i.e. "John Doe 231224-7590". Provide the following information to your bank to make the payment:

Paying bank: **Swedbank** (Sweden)
Account number: **81695 9043553966**
IBAN: **SE62 8000 0816 9590 4355 3966** (This number must always be given in groups of four)
BIC: **SWEDSESS**

Refund Policy. Cancellations made by May 1st are fully refundable, except for the application fee (200 SEK). Cancellations made between May 1 and the date the workshops start are refundable only if the space can be filled. Cancellations made after the workshop starts are nonrefundable.

Scholarship Information & Assistance:

If the applicant would like to attend a workshop, but is in need of financial assistance, a partial or full scholarship may be available. Please attach a narrative to this application that tells us why you want to participate in Lovewell, what you hope to contribute and why you need financial assistance.

GENERAL RELEASE STATEMENTS

- 1) **Acceptance.** I understand that my child's attendance will be confirmed only upon the acceptance of this application. Lovewell accepts no more than 30 students. If we have not received full payment on May 1:st 2010 we may accept another student from the waiting list.
- 2) **Health.** I certify that my child is in normal health. Prior to the start of the workshop I will notify Lovewell of any unique medical considerations.
- 3) **Behavior.** I understand that my child is subject to the ordinary discipline requirements of attending a youth workshop and that failure to comply with those requirements will result in dismissal from the workshop without refund.
- 4) **Language.** I understand that Lovewell expects students to have good knowledge of the English language.
- 5) **Publicity.** I agree that my child may be photographed, or video taped, or both, and give consent for Lovewell to use these photos, tapes, or DVD's to promote future Lovewell Institute programs and workshops, or for such other uses as Lovewell may reasonably see fit.
- 6) **Ideology.** I understand that Lovewell is *not* affiliated with any religious and/or political ideology.

ALTERNATIVE RELEASE STATEMENTS (For applicants 18 & over)

- 1) **Acceptance.** I understand that my attendance will be confirmed only upon the acceptance of this application.
- 2) **Health.** I certify that I am in normal health. Prior to the start of the workshop I will notify Lovewell of any unique medical considerations.
- 3) **Behavior.** I understand that I am subject to the ordinary discipline requirements of attending a youth workshop and that failure to comply with those requirements will result in dismissal from the workshop without refund.
- 4) **Publicity.** I agree that I may be photographed, or video taped, or both, and give consent for Lovewell to use these photos, tapes, or DVD's to promote future Lovewell Institute programs and workshops, or for such other uses as Lovewell may reasonably see fit.

TERMS OF COPYRIGHT OWNERSHIP

This statement describes the terms for your participation in the Lovewell Workshop.

Lovewell staff will participate with you and help you write, perform and produce a piece of musical theater and video (the "Work"). The work will be a joint creation of the Lovewell staff, you, and the other participants, based on ideas, characters and stories from the participants' imaginations and experiences.

Lovewell will give you attribution (public credit) for your contributions to the Work in the playbill produced for the performance at the end of the Workshop. Lovewell will attempt to require any third party that purchases or licenses any rights to the Work do the same.

Lovewell retains all right, title and interest, including copyrights, in the Work, and you assign and transfer your contributions in the Work to Lovewell. Also, Lovewell has the right to use your name, likeness, voice and biographical information in order to promote or publicize Lovewell, the Workshop and the Work.

Please note that you assign and transfer any contributions to the Workshop that you may have created entirely on your own. Therefore you should only bring material to the Workshop that you are willing to share and transfer to Lovewell.

I hereby acknowledge my acceptance of the above Release Statements and Terms of Copyright Ownership.

Signature of Parent

Signature of Applicant (if 18 or older)

Name: _____

Name: _____

Date: _____

Date: _____