



**Bezelel  
Academy of  
Arts and Design  
Jerusalem**

## Application Summer 2010 Jerusalem Art Camp

**Please return this application to:**  
Continuing Education C/O Maya Fridman  
Bezelel Academy of Arts and Design, Jerusalem  
Mount Scopus P.O. Box 24046  
Jerusalem 91240 Israel  
Or Email to: [mayaf@bezalel.ac.il](mailto:mayaf@bezalel.ac.il)

[www.bezalel.ac.il/en/](http://www.bezalel.ac.il/en/)

**Program Dates**  
July 9-29, 2010

**Program Cost**  
\$4550

### Applicant Information

Applicant's Passport Picture: please email to [mayaf@bezalel.ac.il](mailto:mayaf@bezalel.ac.il)  
Applicant must be at least 16 years old in order to attend Jerusalem Art Camp.

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Applicant's Last Name                      Applicant's First Name                      Middle Name

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Address

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City                      Postal Code                      Country

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Email Address                      Phone                      Cell Phone

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Age and Date of Birth                      Male/Female

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Country of Birth                      Citizenship

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Passport Number                      Passport Expiration Date

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Applicant's Doctor's Name and Phone Number

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Applicant's School Name

**Parent/Legal Guardian Information**

\_\_\_\_\_  
Mother's Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Evening Phone

**Parent/Legal Guardian Information**

\_\_\_\_\_  
Father's Last Name

\_\_\_\_\_  
Father's First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Evening Phone

**Person in Israel to Contact in Case of an Emergency:**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Relation to Student

\_\_\_\_\_  
Daytime Phone (Including area code)

\_\_\_\_\_  
Evening Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
Comments

**Person Outside of Israel to Contact in Case of an Emergency:**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Relation to Student

\_\_\_\_\_  
Daytime Phone (Including area code)

\_\_\_\_\_  
Evening Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
Comments

### Camper's Health Information

Does the applicant (Camper) have a medical condition that we may need to be aware of? If yes, please describe the condition and medications required for treatment:

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Does the applicant (Camper) have a medical condition that may prevent him/her from participating in any specific activity? If yes, please elaborate:

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In Case Applicant is Taking a Medication Regularly Please Write Name of Medication Including Dosage and Schedule:

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### IMPORTANT

You must notify Bezalel Academy as soon as possible if child named above is exposed to any communicable disease during the three weeks prior to Bezalel Academy's Jerusalem Art Camp attendance. The health details contained herein are correct so far as I know, and the Child named above has permission to participate in all of Bezalel Academy's Jerusalem Art Camp activities except as noted by me.

I hereby give permission to Bezalel Academy, its daughter company Bezalel Labs Ltd, and to the Israel Experience Ltd to transport the Child named above for the purpose of medical care or program activities as deemed appropriate by the Bezalel Academy's Jerusalem Art Camp personnel and/or The Israel Experience Personnel. In the event I cannot be reached in an emergency, I hereby give permission to the attending physician to hospitalize, secure proper treatment for, and to order injection, anesthetic or surgery for the Child named above. I hereby elaborate all the restrictions related to the Child's participation in Bezalel Academy's Jerusalem Art Camp activities. I understand that Bezalel Academy, its daughter company Bezalel Labs Ltd and the Israel Experience Ltd, its staff and its employees are not responsible in the event of accidental injury or illness, nor for compounded injury or illness to the Child's present medical conditions listed above, not for the adequacy or quality of services rendered by the attending physician or other health care provider selected in the event of such an emergency.

I acknowledge that Bezalel Academy and its daughter company Bezalel Labs Ltd and The Israel Experience Ltd are not liable for any Camper's medical expenses incurred while attending Bezalel Academy's Jerusalem Art Camp. I acknowledge that the insurance policy of Bezalel Academy, Bezalel Labs Ltd and The Israel Experience Ltd does not cover any event connected and/or emanating from an existing medical condition; an event which commenced prior to the participation in Bezalel Academy's Jerusalem Art Camp; AIDS; periodic examinations; road accident; pregnancy; use of drugs and/or alcohol . Bezalel Academy, Bezalel Labs Ltd, and The Israel Experience are not responsible for the loss or damage of any personal equipment/artifacts of the applicant (camper).

BY SIGNING BELOW I AFFIRM THAT ALL OF THE INFORMATION ON THE MEDICAL FORM ATTACHED HERETO IS TRUE AND CORRECT AND I AGREE TO ALL TERMS.

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Name of Parent/Guardian

Signature of Parent/Guardian

Date

**Camper's Dietary Preferences**

Please Circle All that Apply:

Vegetarian | Kosher | Vegan

Please List any Dietary Restrictions or Intolerances Camper Has and Their Reaction:

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Please Tell Us How You Heard About This Program

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Please List the Applicant's Educational Background and Art Training

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What Does the Applicant Expect to Gain by Attending This Program?

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Comments, Questions, and Concerns:

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**Payment Method**

- Visa
- American Express
- Bank Transfer
- Check Enclosed

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Card Number

Expiration Date

Card Holder Signature Authorizing Bezalel Labs LTD to Charge Credit Card

### **Bank Transfer and Checks**

Program fees may be in the form of a check payable to Bezalel Labs, LTD and attached to the application or in the form of a bank transfer to the account of: Bezalel Labs LTD account #901 09940077 Bank Name – Bank Leumi Le-Israel B.M Jerusalem Main Branch .SWIFT CODE/BIC/ TID LUMILITXXX. IBAN CODE -IL63010901000009940077. Routing Number - IL010910 . If payment is made in the form of a bank transfer, the original deposit slip indicating the candidate's name and amount of deposit must be attached to the application form. Applicants should keep a copy.

### **Program fee includes:**

Double Room Accommodations

Meal Plan

Travel within Israel

Entrance Fees

Basic Art Supplies Kit

24/7 Group Guide

\*Please allot additional pocket money for personal expenses.

### **Application Deadlines**

In order to secure student housing, application and payment must be received by June 1<sup>st</sup>. Special exceptions may be made based upon availability of student housing.

### **Cancellation Policy**

Cancellation fees apply as follows: 30 days prior to start date the cancellation fee is 50% of total cost. Under 30 days prior to start date and "no shows", cancellation fee will consist of the entire program fee. In case Bezalel cancels the program prior to its commencement, 100% of the fees paid on the student's behalf will be refunded.

### **Health Insurance**

Candidates must submit proof of international health insurance policy along with their application.

### **Admission Checklist**

Please submit the following by regular mail or email:

- Completed application form.
- Proof of valid international health insurance.
- Original bank transfer slip- if paying by bank transfer.

Bezalel reserves the right to reject candidates it deems inappropriate for its international programs and candidates below the age of 16.

**I hereby confirm that the information provided is accurate.**

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Name

Signature

Date

### **Questions and Comments Please Contact:**

Maya Fridman Bezalel Academy of Arts and Design, Jerusalem

Continuing Education Mount Scopus P.O. Box 24046 Jerusalem 91240 Israel

Tel +972.525.346.020

mayaf@bezalel.ac.il

www.bezalel.ac.il/en