

# 2010 Putney Application

I STUDENT INFORMATION				
Indicate the program you prefer: First Choice:	Dates			
Second Choice:	Dates			
Please attach a recent photo (Optional)				
Name of Applicant as it appears on passport	Age			
Nickname	Date of Birth	Sex M / F	Height	Weight
Applicant's E-mail (please write clearly)				
Applicant's Telephone #			Applicant's Cell Phone #	
Current year in School	7 8 9 10 11 12	Name of School		
Please list prior summer camps or programs				
Please give names and ages of applicant's siblings				
What foreign languages have you studied and for how many years?				
How did you first learn about Putney?				
Extra-curricular activities in which you participate				
Name of Primary Parent				
Home address of parent				
Parent's E-mail (please write clearly)				Home
Occupation				Cell
Parent's place of employment				Work
Name of Secondary Parent				
Home address of parent				
Parent's E-mail (please write clearly)				Home
Occupation				Cell
Parent's place of employment				Work
With whom does the applicant live? Primary Secondary Both			Who should receive all mailings? Primary Secondary Both	
2 APPLICANT STATEMENT				
<p>Attach a statement explaining why you would like to join a Putney program and what you feel you can contribute to it. Your application cannot be processed without this statement. Approximately 150–300 words is sufficient. Global Action applicants' statements must be 300–500 words addressing these questions, and detailing their interest and/or experience in the country and issues on which they wish to focus.</p>				

Putney Student Travel, 345 Hickory Ridge Road, Putney, Vermont 05346  
 Telephone (802) 387-5000 Fax (802) 387-4276

### 3 TEACHER REFERENCES

To be considered for admission, Putney must receive two teacher reference forms. Our reference form can be downloaded from our website, [www.goputney.com](http://www.goputney.com), under the Details and Downloads heading. *Applicants for Language Learning or an Excel language course must provide one reference from a current language teacher.*

### 4 COURSE SELECTION (Excel Programs Only)

EXCEL AT AMHERST COLLEGE		
	Morning Course	Afternoon Course
First Choice		
Second Choice		

EXCEL OXFORD/TUSCANY - PARIS/PROVENCE - MADRID/BARCELONA - CHINA		
	Major Course	Minor Course
First Choice		
Second Choice		

### 5 CLINICS AND EXCURSIONS (Excel Amherst Only)

EXPLORATION WEEKEND SELECTION	INSTRUCTIONAL SPORTS CLINIC SELECTION (check one)
All students at Excel Amherst participate in one Off-campus excursion weekend. Please indicate your first and second choice for this weekend by writing 1 and 2 below.	
___ Option 1: New Hampshire Wilderness, no fee	<input type="checkbox"/> No clinic
___ Option 2: Cape Cod, supplemental fee \$390	<input type="checkbox"/> Soccer \$190
___ Option 3: Montréal, supplemental fee \$390	<input type="checkbox"/> Tennis \$260
	<input type="checkbox"/> Golf \$260

**AGREEMENT:** We, the undersigned, are enclosing a deposit of \$700 payable to Putney Student Travel, Inc. (hereafter "PST") which is to be credited to applicant's tuition fee. If this application is submitted after March 15th, it must be accompanied by payment in full. EXCEL AT AMHERST COLLEGE, OXFORD/TUSCANY, PARIS/PROVENCE, CHINA, and MADRID/BARCELONA are trade names of PST. We have read and accepted the Terms of Payment including policies on refunds as described on page I of this brochure as well as the terms of this agreement. We acknowledge that PST, its employees, shareholders, subsidiaries, affiliates, officers, directors, successors, agents and assigns (collectively "PST") does not own or operate any entity which is to or does provide goods or services for the trip or program we are booking, including, for example, lodging facilities of any kind, airline, vessel or other transportation companies, local guides or guide services, local ground operators, providers or organizers of optional excursions, food service providers, etc. All such persons and entities are independent contractors. As a result, PST is not liable for any negligent or willful act or failure to act of any such person or entity or of any third party. In addition and without limitations, PST is not responsible for any injury, loss, death, inconvenience, delay, or damage to personal property in connection with the provision of any goods or services whether resulting from, but not limited to, acts of God or force majeure, acts of war or civil unrest, insurrection or revolt, domestic or wild animals, strikes or other labor activities, athletic or sporting events or endeavors, adequacy or availability of health services and/or evacuation services if such are necessary, criminal or terrorist activities of any kind, overbooking or downgrading of accommodations, mechanical or other failure of airplanes or other means of transportation, or for any failure of any transportation mechanism to arrive or depart timely or to lose, damage or delay delivery of luggage and/or personal effects. I accept all the risk attendant thereto and voluntarily accept the same as risks of my child/ward's participation in the program. My child/ward is enthusiastic and prepared and I believe he/she is capable of handling both the emotional and physical aspects of the program as well as any risks that may be involved. Furthermore, I agree that should my child/ward's conduct, at the sole discretion of PST, be deemed to be in violation of PST's rules or otherwise detrimental to the maintenance of standards or to the successful operation of PST's programs, PST may dismiss him/her from the program. I agree that PST's responsibility for my child/ward ends with his/her dismissal from the program, and I understand that that dismissal may occur at a location far from the child/ward's home. I agree that should my child/ward be dismissed from a PST program, I will make arrangements for, bear the cost of, and provide supervision for my dismissed child/ward, even in situations that require extended international travel, and that no refund of the program fee will be given for a dismissed student. There will also be no refund for students who withdraw voluntarily, or as the result of illness or accident, during a program. By signing this application, we consent to the use of photographs and film of the student and written correspondence from parents and students in promotional materials for PST or programs operated by PST. Any dispute concerning this contract, the Tuition Refund Plan, a PST program or employee, the brochure, or any other advertising materials concerning this program itself will be resolved exclusively by binding arbitration in Vermont pursuant to the then current rules of the American Arbitration Association; Vermont substantive law will apply to all issues concerning any such dispute. We have read and agree to all the terms of this agreement as well as the description of the program as stated in this brochure.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_