

LIGHT OF THE WORLD BALLET

Summer Dance Outreach - "A Mission in the Heart of New York"

Sunday, July 16 -Friday, July 28 2017

This summer experience gives dancers the opportunity to learn how to minister while performing. The first week consists of training (see "Activities" below for detailed description). The second week, students will put into practice what they have learned by performing/ministering at different venues in Syracuse, NY. Students will never be the same again, learning what it means to remain ministry minded while performing!

Ages: 10-19

Levels: Intermediate to Advanced

Time: 1st week, 9:30am-6:30pm with optional evening activities. 2nd week, the times will vary based on performance schedule

Out-of-town students arrive on Saturday, July 15 to get situated in living space, etc. All students must attend the placement class/orientation at LWB studios on Sunday, July 16, 3-5pm.

Activities: Devotions, Ballet Technique, Pointe, Modern, Conditioning, Choreography, Outreach Training, Creative Worship, Optional Evening Activities!

Cost: \$700 Due by Friday, June 24th.

TAKE 10% OFF OF \$700 IF FULL PAYMENT IS RECEIVED ON OR BEFORE June 10TH .

LWB Students: Students enrolled in the 2016-2017 year at Light of the World Ballet Studios pay **\$600** if payment is received on or before June 10th

Registration Fee: \$25 per student

Optional Fees: LWB T-shirt: \$15 for Child sizes, \$20 for Adult sizes

<p>You may raise support for your tuition by writing support letters. A sample support letter is below.</p>
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Registration & Full payment Due by Friday June 17th:

Have your pastor fill out the Pastoral reference

Have your Ballet Teacher fill out Teacher's reference

Please fill out Medical Information, Release Form, Student Information, & Housing form for out-of-town students (on website).

Include a Head Shot and a 1st Arabesque photo en pointe (4x6 photos) stapled to Student Information form.

Include and attach your testimony of how you became a Christian or your testimony from a previous summer at SDO.

Note-Returning students may skip the Pastoral and Teacher's reference

Students will be notified by email once registration has been received.

Out of town students:

Please complete the “Housing Application” on our website (www.lightoftheworldballet.com) under “Programs”, “Summer Dance Outreach”. Contact Breanne Worcester (Breanne@lightoftheworldballet.com, 610-955-6640) with any housing questions.

Note: Please do not make housing payments out to Light of the World Ballet. We will send your check back to you, as we are unable to accept housing checks made out to LWB.

What To Bring each day: (First and Second week)

Lunch

Water Bottle

Bible & Pen

Black Leotard, Pink Tights, Black Fitted Shorts for class

Pink Ballet Slippers & Pointe Shoes if on pointe.

Attire: Must be modest. Spaghetti-strap or low-cut leotards must be worn with a tights top underneath (directions on how to make a tights top are below). Hair should be neatly in a bun away from face.

Ministry Out-Reach Week: (Second Week) When not in costume, **you MUST wear the following during ministry:**

Black, neat, loose fitting yoga pants without colored waist band (flat waist band is preferred as opposed to fold over) and a LIGHT OF THE WORLD BALLET T-shirt or loose T-shirt with no wording or design.

Remove all piercings except one set of diamond-type earrings.

Hair must be in a very neat, adequately hair-sprayed, high bun.

Bring a black short sleeved leotard or short-sleeved black tights top, pink tights top, nude camisole leotard, and performance pink tights.

You will need to wear heavier makeup during outreach week. Please make sure that you have the following:

Foundation (should be same as or slightly darker than your skin tone), blush, white eyeshadow, black eyeliner, black mascara, dark eyeshadow (either brown or dark grey), very red lipstick (we recommend Revlon “fire and ice”).

Student Information (Registration Due June 24th)

Please include and attach your testimony of how you became a Christian.

Name: _____ **Age:** _____

Date of Birth: __ / __ / __ **If bringing a cell phone, your #:** _____

Height: _____ Weight: _____

Email: _____

Address: _____

_____ ZIP _____

Father's Work Phone: _____ Cell: _____

Mother's Work Phone: _____ Cell: _____

Parents are: Married Separated Divorced (circle one)

Student lives with: both parents mother father guardian _____

Brothers/Sisters and their ages: _____

Where are you in birth order _____

Church Name: _____ Affiliation: _____

School currently enrolled in: _____

This is a: Public School Private School Home School Grade: _____

• Favorite scripture(s): _____

• Last book(s) read: _____

• Favorite movie(s): _____

• Hobbies: _____

• What do you hope to gain from this outreach: _____

• How did you hear about LWB? _____

Signature of Applicant: _____ Date: _____

REGISTRATION – DUE by June 24th 10% discount for non-LWB students or \$100 discount for 2016-2017 LWB students if postmarked on or before June 10.

T-shirt: ___ I am *interested* in purchasing a LIGHT OF THE WORLD BALLET T-Shirt

Size: (circle) YOUTH (\$15) S M L Adult (\$20) S M L

Registration Fee: \$25 per student

Note: **Please do not make housing payments out to Light of the World Ballet.** We will send your check back to you, as we are unable to accept housing checks made out to LWB.

SDO Payment \$ _____

Registration \$ 25

T-shirt \$ _____

Total Amount Enclosed= \$ _____

LIGHT OF THE WORLD MINISTRIES, INC.

This form is kept confidential – Use back of this sheet if necessary

MEDICAL INFORMATION

By signing below, the undersigned, being (1) a participant of LIGHT OF THE WORLD MINISTRIES and (2) the parent or guardian of the person participating in LIGHT OF THE WORLD MINISTRIES, hereby represent, consent and agree to the following:

1) Those participating in LIGHT OF THE WORLD MINISTRIES **Summer Dance functions - 2017** are participating of their own free will. 2) We are aware of and voluntarily assume all of the risks of the activities during the aforementioned time and functions of LIGHT OF THE WORLD MINISTRIES including the risks of any illness and/or injuries which might result there from. 3) We are covered by medical insurance with an insurance company which covers the costs of medical treatment which may be incurred for any illness and/or injuries which might result from the individual's participation in the functions of LIGHT OF THE WORLD MINISTRIES. 4) We, the undersigned, hereby agree to hold LIGHT OF THE WORLD MINISTRIES harmless from any illness and/or injuries, claims for illness and/or injuries, or legal action for claims for illness and/or injuries arising out of the aforementioned functions. 5) In this regard, we the undersigned hereby agree to present any medical bills arising out of the cost for treatment for any illness and/or injuries which occurred during the aforementioned functions to our insurance company for payment.

Insurance Company: _____

Policy #: _____

Name of holder on policy: _____

Date: _____

Signature of *Parent/Guardian or Participant

Mother: _____ H _____ W _____ C _____

Email: _____

Father: _____ H _____ W _____ C _____

Email: _____

In case of an Emergency please contact:

Name: _____ Phone: _____ Cell: _____

Do you have an up-to-date tetanus shot and, if so, when was the vaccine given?

Do you have any medical conditions, any special need, or health restrictions that we should be aware of?

Any known allergies (food, animal, etc.) to be aware of?

Are there any foods you do not like?_

Any present-existing or persistent condition/infection? (i.e. asthma, bursitis, etc.)

Please list any medications you are currently taking:

Have you ever had an eating disorder? (If yes, please explain):

Are you on a special diet of any kind? (If yes, please explain):

CONFIDENTIAL PASTORAL REFERENCE

The applicant below is applying to attend a 2-week dance and ministry-outreach Dance Training Program presented by LIGHT OF THE WORLD BALLETS and MINISTRIES, Inc., Syracuse, New York, USA. Website: lightoftheworldballet.com

Applicant's Name: _____

Pastor's Name: _____

Church Name and Denomination: _____

Church Street Address: _____

City, State, and Zip Code: _____

Pastor's Church phone and email: _____

DEAR PASTOR: Please be so kind as to answer the following questions and complete the checklist. (Contact Ashley Rollinson, Director with any questions- 315-396-1886, ashley@lightoftheworldballet.com)

1. How long have you known the applicant and what pastoral position of authority do you have over the applicant?

2. How would you describe applicant's present walk with the Lord.

3. Has the applicant shown him/herself to be submissive to authority having a teachable attitude?

4. Is the applicant responsible and committed?

5. What are the applicant's strengths and weaknesses?

6. Is the applicant an energy giver or energy taker?

7. Anything else that LIGHT OF THE WORLD BALLETS should be aware of?

Please number the following on a scale of 1 to 4 (1=Poor, 2=Fair, 3=Good, 4=Excellent)

SPIRITUAL INFORMATION:

Church Attendance	Church Involvement	Personal Devotions
Spiritual Motivation	Spiritual Growth Observed	Moral Standards
Grateful Spirit	Servanthood	Teachable Spirit

Please number the following on a scale of 1 to 4 (1=Poor, 2=Fair, 3=Good, 4=Excellent)

CHARACTER INFORMATION:

Maturity	Appearance (Modest)	Personal Motivation
Self Image	Disposition	Emotional Stability
Openness	Coping with Personal Problems	Response to Pressure
Reliability	Financial Responsibility	Follows Instruction
Positive Attitude	Judgment/Common Sense	Enthusiasm
Honesty	Creativity	Teamwork/Cooperation

Adaptability/Flexibility

As Pastor of _____ I (please circle which one) **DO** or **DO NOT** endorse the applicant's involvement with SUMMER DANCE OUTREACH and feel confident that he/she understands this commitment and maintains spiritual and emotional maturity needed to be a part of this City mission.

Pastor's Signature: _____ Date: _____

Thank you.

Please return this confidential information to the following address:

LIGHT OF THE WORLD BALLET (Summer Dance Outreach)

PO Box 44, Syracuse, NY 13209

ashley@lightoftheworldballet.com 315-396-1886

TEACHER EVALUATION

Applicant's Name: _____

Teacher's Name: _____

Phone and email: _____/_____

Please answer the following questions and complete the checklist below (Contact Ashley Rollinson, Director with any questions- ashley@lightoftheworldballet.com/ 315-396-1886):

1. How long have you been the student's teacher?
2. How many days per week/hours per day does the student take class?
3. Specify type of dance (i.e. ballet, tap, jazz, etc.)
4. Does student maintain consistent class attendance?

5. Please give a brief history of the applicant's progress under your instruction.

6. What are the student's strengths and weaknesses?

7. What would you like to see your student accomplish at our workshop?

8. Describe the applicant's classroom attitude and relationship with other students.

9. Are you aware of the applicant having any eating disorders at any point? If so, please explain.

Please number the following on a scale of 1 to 4 (1=Poor, 2=Fair, 3=Good, 4=Excellent)

TECHNICAL EVALUATION

- | | | |
|--------------------------------|-----------------------|----------------------------|
| ___ Feet | ___ Line | ___ Turn out |
| ___ Flexibility | ___ Port de bras | ___ Pirouettes |
| ___ Petit Allegro | ___ Grand Allegro | ___ Aplomb/Presentation |
| ___ Expression | ___ Musicality | ___ Pointe work |
| ___ Harmonizes well in a group | ___ Style versatility | ___ Choreography retention |

Please number the following on a scale of 1 to 4 (1=Poor, 2=Fair, 3=Good, 4=Excellent)

CHARACTER EVALUATION

- | | | |
|-------------------------------|------------------------------|--------------------------------|
| ___ Maturity | ___ Personal motivation | ___ Professional Appearance |
| ___ Self Image | ___ Disposition | ___ Emotional Stability |
| ___ Teachability | ___ Response to Pressure | ___ Reliability/Responsibility |
| ___ Timeliness | ___ Enthusiasm | ___ Follows instruction |
| ___ Realistic view of ability | ___ Flexibility with changes | ___ Shows respect |

Teacher's Signature: _____ Date: _____

Thank you.

Please return this confidential information to the following address:

LIGHT OF THE WORLD BALLETT (Summer Dance Outreach)

PO Box 44, Syracuse, NY 13209

ashley@lightoftheworldballet.com/ 315-396-1886

LIGHT OF THE WORLD MINISTRIES, INC.

Photo/Videography Release

Dear Student and Parent:

We often update our website and promotional materials and may use some pictures and video footage from previous workshops. Pictures and video footage may be used in future brochures and other publications representing classroom and general workshop settings. Photos and videography would never be intentionally used in such a way to reflect negatively on their subjects. Please read and sign the release below.

R E L E A S E

I, _____ (Print student name), grant to LIGHT OF THE WORLD BALLET and MINISTRIES, Inc., its employees, agents, and assignees, the right and permission to make, reuse, and/or publish photographic pictures or video tapings of me, which may be used in connection with my own or a fictitious name, for any purpose whatsoever including the use of any printed matter. I waive any right to inspect or approve either the finished photograph or video or the printed matter or video with which it may be used in conjunction.

Student's Signature _____ Date _____

Print Name _____

I certify that, as parent and/or guardian of the above-named student, any photographs or video which have been or are about to be taken by LIGHT OF THE WORLD BALLET and MINISTRIES, Inc. may be used for the purposes stated above.

Parent or Guardian's Signature _____ Date _____

Print Name _____

SAMPLE of Summer Dance Outreach SUPPORT LETTER

The following letter is just a sample to give you an idea of a support letter framework. The letter should be made personal by including a comment from you on how you feel you may grow in the Lord by attending the Summer Dance Outreach. Also a photo of yourself is helpful.

IMPORTANT NOTE: YOU MAY NOT USE THE LIGHT OF THE WORLD BALLET LOGO or ANY LIGHT OF THE WORLD BALLET LETTERHEAD NOR ANY DIRECT REFERENCE BY OFFICIAL LIGHT OF THE WORLD BALLET TRADEMARKS. THE SUPPORT LETTER YOU WRITE IS PERSONALLY FROM YOU AND IN NO WAY SHOULD BE REFERENCED AS COMING FROM LIGHT OF THE WORLD BALLET/MINISTRIES, INC

NOTE: Those who do contribute toward your tuition, should be written a **THANK YOU NOTE IMMEDIATELY.** This note to them is not only proper etiquette, but shows your gratefulness in their investing into your life for the Lord. Also, a follow up after the program either in writing or verbally on your experience is also good and an encouragement to them.

It is helpful to include a photo of yourself.

Dear _____,

I am writing to tell you about an opportunity I would like to take this summer. This opportunity would help me learn more about how to minister. It is a two-week program in July with LIGHT OF THE WORLD BALLET/ MINISTRIES, Inc. called *Summer Dance Outreach, "A Mission in the Heart of New York."*

The first week of the program consists of full days of training in both dance and in ministry outreach. It will be combined with worship, learning the Word and evangelistic techniques. The second week will be actual reach-out with performing and ministering at different venues in and around Syracuse.

(Note: Here is a suggested place for you to write how you would personally grow in the Lord by attending this program. Keep it only a few sentences and to the point. You might include your age, what your desires are in learning more about the Lord, vision for your future in the Lord, etc.)

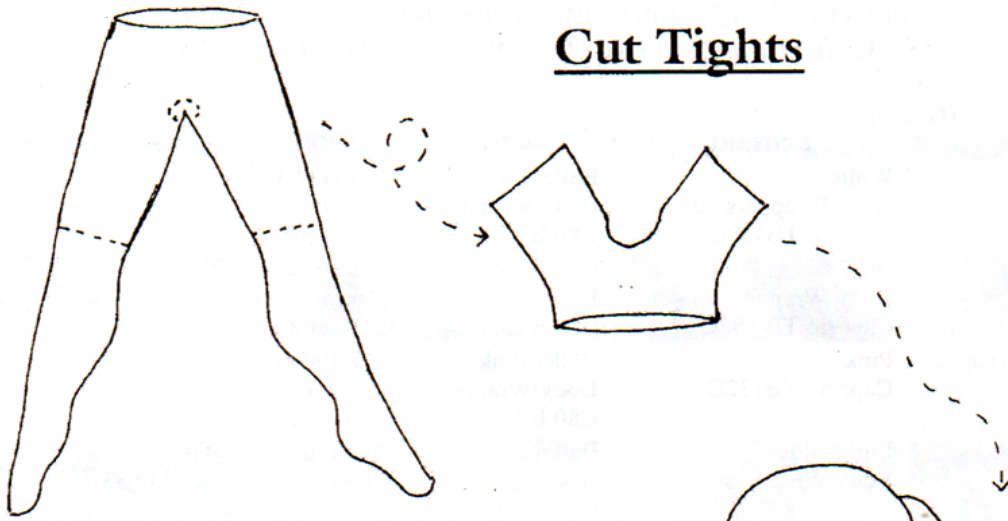
The tuition for the program is \$725. In order for me to personally meet the cost of this program, I will need to have financial help. I am respectfully asking if you would be interested in helping me meet the costs by possibly giving \$25 or more toward the tuition.

If you are able to help me, I have enclosed an addressed-stamped envelope for your convenience (*note: addressed to your own home*). Please make check payable to (*note: name of student or parent **NOT** Light of the World Ballet*) noting your check is for the summer program.

If you would like more information about LIGHT OF THE WORLD BALLET/MINISTRIES, Inc. their website is www.lightoftheworldballet.com.

Thank you for your attention and for considering helping me attend this evangelistic summer-outreach program.

Cut Tights



Cut Tights Instructions:

Use a pair of pink or black tights.

1) Cut a **SMALL** hole in the crotch (start with a very small hole- the tights will stretch when you put them on). Cut off the legs to desired length.

2) Pull the tights on over your head upside down with your arms going through the leg holes.

3) Once you have the cut tights on you may wish to trim them to fit you comfortably.

You may use old or inexpensive tights

