



Application for Acceptance

Personal Information

Name: _____
(Last) (First) (M.I.)

Address: _____

(City) (State) (Zip Code)

Phone: (_____) _____ Cell: (_____) _____

Date of Birth: _____ Email: _____

The applicant is a rising (circle one): SOPHMORE JUNIOR SENIOR

Name of High School: _____

Tickets for Fashion Show: _____
(The show is free!)

Phone: (_____) _____ Fax: (_____) _____

Please provide information on any related coursework and/or professional experience in marketing, fashion or merchandising:

Old Dominion University
228 Education Building
Norfolk, VA 23529

P 757.683.4305
F 757.683.5229

T-Shirt Size: SMALL MEDIUM LARGE X-LARGE



Consent Form

Permission to Participate

_____ has my permission to participate
(Print Name of Student)

in the Old Dominion University Summer Fashion Academy from July 20th – July 24th
from 9AM until 6PM each day.

Travel Consent

I, as indicated by my signature below, give my son/daughter permission to travel to and from and attend all functions of the Old Dominion University Fashion Academy in July 2009.

Code of Conduct

We, as indicated by our signatures below, understand that the participants of the Old Dominion University's Fashion Academy are expected to act with dignity and abide by the same rules that they do now in school.

Waiver of Liability

We, as indicated by our signatures below, agree to waive the liability of Old Dominion University, its staff and volunteers for accident or illness during transit or while participating in any Fashion Academy functions.

Photography Usage Consent

As a participant in the Old Dominion University summer Fashion Academy, I understand that videos and photographs will be taken. By signing this form, I give Old Dominion University, the Occupation and Technical Studies department and/or the Fashion Academy the absolute right and permission to use my photograph in promotion materials and publicity efforts. I understand that the photograph(s) may be used in publications, print ad, direct-mail piece, electronic media or other forms of promotion. I release the University, the photographer, their offices, employees, agents, and any designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

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Printed Name (Student)

Signature (Student)

Date

Printed Name (Parent/Guardian)

Signature (Parent/Guardian)

Date



Consent Form Continued

Medical

I, as indicated by my signature below, _____
(Name of Parent/Guardian) (Relationship)

of _____, _____, hereby authorize in advance any
(Student's Name) (Age)

necessary medical treatment required by _____ while
(Student's Name)

attending all Old Dominion University Summer Fashion Academy functions.

Emergency Contact Information

Name: _____ Relationship: _____

Phone: (_____) _____ Cell: (_____) _____

Work: (_____) _____

Allergies: _____

Printed Name (Student) Signature (Student) Date

Printed Name (Parent/Guardian) Signature (Parent/Guardian) Date

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Financial Summary and Invoice

Please use this application to send in all deposits.

Name: _____
(Last) (First) (M.I.)

Deadlines

Tuition Total: \$350

Installments may be made as follows:

First Payment, Enrollment Reservation:	\$100.00
Second Payment, Due June 15, 2009:	\$125.00
Third Payment, Due July 16, 2009:	\$125.00

If you encounter a delay in payment or miss a deadline please let us work with you. Contact the Fashion Academy Director, Tiffany Machado at 757-683-4305.

Any **scholarship** opportunities that may be available will be posted on our website at www.odufashion.com.

Please send in checks or money orders, make payments payable to ODU VATS.

Mail Checks/Money Orders to:

Attn: Tiffany Machado
Old Dominion University
Occupational and Technical Studies
Hampton Blvd. Education 228
Norfolk, VA 23529

Total amount enclosed: \$ _____

For more information visit our website at <http://www.odufashion.com>

I have read and understand the medical consent, travel consent, code of conduct, waiver of liability, photography usage consent and permission statement provided with the application packet for acceptance.

Printed Name (Student) Signature (Student) Date

Printed Name (Parent/Guardian) Signature (Parent/Guardian) Date

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