



**Commitment to Participate
Begin in Berlin Program
Berlin, Germany**

www.bard.edu/begininberlin

I, _____, hereby confirm my intention to participate in the Begin in Berlin Program for the Fall 2014 semester.

(Student signature)

(Date)

Furthermore, I would like to participate in the group flight and understand that an additional charge will be billed directly to my account.* agree _____ opt out _____

To be completed by parent or guardian:

I, _____ give my consent for the student named above to participate in the Begin in Berlin program, at Bard College Berlin, for the fall 2014 semester.

(signature)

(Date)

*The cost is expected to be approximately \$1,200 and will be confirmed once the group is finalized. The flight will depart from either the JFK or Newark airport and will be met in Berlin by Bard College Berlin staff members. Please note that once you confirm we will have to charge the amount. Students who opt out of the group flight are responsible for arranging their own round-trip transportation to and from Bard College Berlin in accordance with the program schedule.

Please return this form with your signature to:

Begin in Berlin Program
Bard College IILE
PO Box 5000
Annandale-on-Hudson, NY 12504

For FedEx and all private carriers:

Begin in Berlin Program
Bard College IILE
30 Campus Road
Annandale-on-Hudson, NY 12504