



**THE NUTCRACKER BALLET
THEATRE COMPANY**

REGISTRATION FORM

Audition Fee: \$35.00

Check #: _____

Cash: _____

Initial: _____

Audition #: _____

Dancers Name: (As you would like it to appear in the program): _____

Mailing Address: _____ City: _____ Zip: _____

Age: _____ Dancer Cell Number: _____ Parent Cell Number: _____

Cell Phone Carrier to Receive Text Message/Alerts: _____

Dancer E-mail: _____ Parent E-mail: _____

Father's Name: _____ Mother's Name: _____

Are You a Student: Yes No What Grade Will You Be Starting in September? _____

School Name: _____ Grade: _____

Dance Studio/Gymnastics Facility: _____

PARENT VOLUNTEER EXPECTATIONS

The Nutcracker Ballet Theatre Company is a non-profit organization supported by donations and volunteers. We need your help. Every family that participates is expected to volunteer in some manner.

MEDICAL INFORMATION

Doctor's Name: _____ Phone: _____

Hospital of Choice: _____

Any Known Allergies: _____

Emergency Contact Person in Case We Are Unable to Reach Parent or Guardian:

Name: _____ Phone: _____

I hereby authorize a Board Member of the Nutcracker Ballet Theatre Company to administer or obtain the necessary medical intervention for my child in case of an emergency.

Parent/Guardian Signature: _____ Date: _____