



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. Please indicate what areas you would like to help.

Ticket Taker Souvenir Sales Gala Make-Up Green Dressing Room

Other _____

Do you have any special talents that might benefit this production that you would like to share with us?

Please indicate: _____

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: _____