



THE NUTCRACKER BALLET THEATRE COMPANY

Audition Fee \$25

Ck.# _____

Cash _____

Initial _____

Audition Number

REGISTRATION FORM

Dancer's Name (As you would like it to appear in the program): _____

Mailing Address: _____ City: _____ Zip: _____

Date of Birth: _____ Age _____ Home Phone: _____ e-mail: _____

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

Are you a student? Yes No What grade will you be starting in September? _____

School Name _____

Dance Studio/Gymnastics Facility: _____

Local Newspaper: _____

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.

USHERING _____ SOUVENIR SALES _____ LUNCHEON/AFTERGLOW _____ MAKE-UP _____

GREEN ROOM _____ FOOD/SNACKS FOR GREEN ROOM _____ OTHER _____

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

How did you find out about us? Website _____ Newspaper _____ Dance Studio _____

Friend _____ If so, whom? _____ Other _____

MEDICAL INFORMATION

Doctor's Name: _____ Phone: _____

Insurance Company: _____

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 to administer or obtain the necessary medical intervention for my child in case of emergency.

Parent/Guardian Signature _____

Date _____