



**THE NUTCRACKER BALLET**  
**THEATRE COMPANY**  
**REGISTRATION FORM**

**AUDITION FEE**  
**\$25.00**  
**Audition Number**  
 \_\_\_\_\_

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

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**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 \_\_\_\_\_

GREEN ROOM \_\_\_\_\_ MAKE-UP \_\_\_\_\_ OTHER \_\_\_\_\_

FOOD OR SNACKS FOR THE GREEN ROOM OR THE CAST PARTY \_\_\_\_\_

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:** \_\_\_\_\_

**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