

To be assigned

Dancer # _____

The Nutcracker

PHOTO: _____



Dancer's Name: _____ Age _____ Birth Date _____

Parent's Name _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Address: _____ City _____ Zip _____

Academic School _____

Parent Email _____ Student Email _____

Current Studio: _____ Level at current studio _____

Current Teacher _____

Total # years of Classical Ballet Training _____ Current # hours of ballet per week _____

Total # years of Pointe Training _____ Current # of Pointe classes per week _____

Other Dance Forms _____ Number of years _____

Partnering Experience _____

Professional performing experience if any:

Is this your first year participating in San Jose Dance Theatre's Nutcracker? Yes No

Please initial boxes below:

My participation cost of \$190 has been paid and is non-refundable. Payable to San Jose Dance Theatre
Check# _____ Master card or visa only CC# _____ Exp _____

As a parent/guardian of a student, I agree that neither my child or I will institute any legal action/claims against San Jose Dance Theatre or LGB, it's employees, contractors, agents, officers, members, volunteers, and/or patrons, for any and all injuries or damages. I am responsible for my dancer's medical insurance.

Parent/Guardian signature or participant if 18 years or older Print name and relationship to Dancer Date

FOR COSTUME PURPOSES:

Height: _____ Weight: _____ Shoe size: _____ Leotard size: _____ T-shirt size: _____