



# Nathaniel's Hope Keep 'm Smiling

## Registration Form for Ballet South's Nutcracker

Registration Deadline: **Tuesday, November 25, 2008**



OFFICE USE ONLY	
<input type="checkbox"/> Email	<input type="checkbox"/> Online
<input type="checkbox"/> Phone-Date/Time: _____	
Entered in DB by: _____	
on: _____	

Adult's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How many people will be attending? Adults: \_\_\_\_\_ Children: \_\_\_\_\_

How many cars will you need parking spaces for? \_\_\_\_\_

How did you hear about this **Keep 'm Smiling** event? \_\_\_\_\_

Which performance? (check only one)  Wednesday (Dec. 3)  Thursday (Dec. 4)

Does your child use a wheelchair or stroller?  No  Yes, if Yes, do you need to be seated in the wheelchair area of the theater or do you want to transfer your child out of his/her wheelchair into a theater seat?

Transfer (Their chair or stroller will be placed in a nearby hallway.)

Wheelchair area (If you need to be in the wheelchair area, you will automatically be on a waiting list because there are so few seats there. If we are able to accommodate your request, there will need to be one adult with the child and your child will be seated in front of the adult. The rest of the party will be in general seating.)

### REMINDERS:

**-Time:** Doors open at 5:45 p.m. for wheelchairs, 6:00 for general. Arrive 30 minutes earlier than seating time for parking reasons.

**-Parking:** You must park at Orlando Lutheran Academy at 550 North Econlockhatchee Trail, Orlando, FL (across the street from the theater). Parking and shuttle specifics are to be determined and will be updated on our website.

**-Seating:** There is no assigned/reserved seating unless you are in the wheelchair area.

If your child is already enrolled in our **VIP Birthday Club** and you receive mailings from us, then your form is complete! 😊

If your child is not a part of our **Birthday Club** or you are not receiving mailings, please fill in the following information.

Please complete one registration form per **VIP Kid**.

Child's Name: \_\_\_\_\_ Birthday (MM/DD/YY): \_\_\_\_\_

Please explain your child's special need (s): \_\_\_\_\_

Child's school: \_\_\_\_\_ Gender:  Male  Female

Special equipment used (walker, wheelchair, etc.): \_\_\_\_\_

What are your child's special talents or abilities? \_\_\_\_\_

I would like for my child's information to be included in the online **VIP Birthday Club**. Please indicate your preference regarding the online portion of the **VIP Birthday Club**:

Name on Web  First name only on Web  DON'T list name on Web

Picture on Web  DON'T put picture on Web

Your relationship to **VIP**: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Church (if any): \_\_\_\_\_

Church City: \_\_\_\_\_ Do you speak...  Spanish?  Sign Language?

**OPTIONAL DEMOGRAPHIC INFORMATION** When applying for grants, we are asked for certain information. By responding to these *optional* questions, you will be helping us in garnering funds for **Nathaniel's Hope**.

Family income level:  < \$20,000  \$30,001 – 40,000  \$50,001 – 60,000  
 \$20,001 – 30,000  \$40,001 – 50,000  > \$60,000

Race/Ethnicity:  African-American/Black  Filipino  Korean  
 American Indian or Alaska Native, tribe: \_\_\_\_\_  Native Hawaiian  
 Asian Indian  Guamanian or Chamorro  Pacific Islander  
 Caucasian/White  Hispanic/Latino/Latina  Samoan  
 Chinese  Japanese  Vietnamese  
 Other, please specify \_\_\_\_\_

Return to: **Nathaniel's Hope** – by fax (407-447-2021), online ([www.NathanielsHope.org](http://www.NathanielsHope.org)), or phone (407-857-8224)