

# Nathaniel's Hope Keep 'm Smiling

## Registration for Ballet South's Spring Performance

Registration Deadline: **Monday, March 17, 2008**



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

Adult Name: \_\_\_\_\_

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

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

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

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

Does your child use a wheelchair?  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?

Wheelchair area  Transfer

If you choose to be in the wheelchair area, Ballet South will do it's best to accommodate your full party in that area, but they may need to have one adult with the child and the rest of the party in general seating.

### REMINDERS:

-**Time:** Be there at 6:30 p.m. to have time to get settled in the theater.

-**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)