

Nathaniel's Hope Keep 'm Smiling

Registration for Ballet South's Spring Performance

Registration Deadline: **Monday, March 2, 2009**



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/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 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 6:00 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), or phone (407-857-8224)