



## Nutcracker 2025

Dancer Name: \_\_\_\_\_ Dancer T-Shirt Size: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address (Include city and zip code) \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

Name of Current Ballet School \_\_\_\_\_

Years of Study \_\_\_\_\_

General Health of dancer: Good\_\_ Fair \_\_ Poor\_\_

Please list any medical conditions that would affect dancing: \_\_\_\_\_

Parent or Guardian's Name for Contact: \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_

*Imagine Ballet Theatre Studios*

*2432 Washington Blvd. Ogden, Utah 84401*

*801-393-5000 Studio Phone*