Baton Rouge Ballet Theatre

Guild Membership

2024-2025 Season

Name:	Dancer's Name:				
				(if applicable)	
Address:					
City/State/Zip:					
Home #:	Work #:		Cell #:		
Email:					
Most correspondence v	vill be sent by ema	il.			
				ious projects. We strive to r hese projects as well as the I	
Wні	•		JLD BE WII hat apply to you)	LING TO ASSIST:	
☐ Nutcracker Costum	nes				
☐ Nutcracker Tea (De	ecember 1; include	es craft prep	parations)		
☐ Arts Market (first Sat	urday of the month 8-1	10am or 10am-	12pm)		
☐ Silent Auction/Gift	Cards Procureme	nts			
☐ Youth Ballet Tour:	Driving	Props	<b>Cast Party</b>		
☐ Fundraiser Plannir	ıg				
Additional volunteer o	pportunities will b	e distribute	d by email. P	lease check for this regularl	y.
Membership in the Gu Cash or Check ONLY.					
Office Use:   Approved	Received by:		Date:	☐ Check ☐ Cash	

Please Return: Baton Rouge Ballet Theatre, c/o Guild Membership