



**PALS Parent Association of the Louisville Ballet School
2009 – 2010 Membership Form**

The PALS organization was created in 1999 with this mission statement: ***“To encourage and support the students of the Louisville Ballet School in their efforts to learn and grow in their study of dance and appreciation of the arts.”***

We encourage you and your family to become members of PALS and help maintain the Louisville Ballet School's outstanding reputation as a leader in the artistic community. Please return the membership form on the bottom of the page to become a member of PALS today!

Our involvement in fundraising and school activities includes, but is not limited to:

- Communications Committee:** Sending email updates to PALS members to coordinate PALS meetings and activities
- Marketing Committee:** Promoting School events, performances, and fundraising opportunities
- Fundraiser Steering Committee:** Researching and selecting fundraising opportunities
- Events Committee:** Be available for working at various school events from planning to hosting
- Beautification Committee:** Assisting in facility improvement projects such as painting and decorating for special events
- Development Committee:** Research, identify and obtain corporate or private sponsorship of various school activities
- Flower Bouquet Committee:** Coordinating the sale of fresh flower bouquets at School and Company performances
- Apparel & Accessories Committee:** Coordinating the sale of LBS Apparel and Accessories
- Treats Committee:** Organizing and distributing treats to students and faculty during holidays and special events
- Costuming Committee:** Be available to sew/ repair costumes (must have sewing experience and equipment)

Thank you for joining our organization!

MEMBERSHIP INFORMATION

Membership information provided on this form will be included in a roster that will be distributed to all members and published in Louisville Ballet programs. Please note anything that you wish to remain confidential.

PALS Member Name(s) 1. _____
2. _____

Student(s) Name(s) _____

Student Level Primary Elementary Youth Intermediate

Mailing Address _____
City, State Zip _____

Home Phone () - _____

Work Phone () - _____

Cell Phone () - _____

Email Address(es) 1. _____
(Used frequently for PALS communications) 2. _____

Business Affiliation(s) _____

Helpful Skills _____

PLEASE SELECT YOUR COMMITTEE(S):

- Communications
- Marketing
- Fundraiser Steering
- Events
- Beautification
- Development
- Flower Bouquets
- Apparel & Accessories
- Treats
- Costuming

Payment

Annual Dues \$25 **\$25.00**

Individual Contribution **\$**

Scholarship Fund Donation **\$**

Grand Total **\$**

Cash Check No. _____

MasterCard Visa AmEx Discover

_____-_____-_____
Card Number

_____/_____/_____
Expiration Date 3 or 4 Digit Security Code

_____/_____/_____
Signature for charge Date Signed