

LEXINGTON YOUTH THEATRE AUDITIONS

lexingtonyouththeatreinc.com
(Please attach head shot photo)

Cast Member Name: _____ **Primary Phone:** _____

Address: _____ **Cell # (actor)** _____

City: _____ **State:** _____ **Zip:** _____

Cast Member email: _____ **Parent email:** _____

School Attending _____ **Grade** _____ **Age** _____ **M/F** _____ **Ht.** _____ **Birthdate** _____

Parent's Name to contact about LYT information during practice and performance times.

Name _____ **Phone** _____ **Cell** _____

Name _____ **Phone** _____ **Cell** _____

What part would you like in the play? _____ If you do not get that part will you take another? _____

Experience (Write on back if needed)

(Conflicts do not excuse you from practice.)

Conflicts---Activity: _____ **Day of the Week:** _____ **Time:** _____

PLEASE DO NOT WRITE BELOW THIS LINE---DIRECTOR'S USE ONLY

Vocals (1-5) _____

Acting (1-5) _____

Choreography (1-5) _____

Suitabilty (1-5) _____

Experience/History (1-5) _____

Total (1-25) _____