

**LEXINGTON YOUTH THEATRE  
AUDITIONS  
lexingtonyouththeatreinc.com**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell # (parent) \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ Cell # (actor) \_\_\_\_\_

Email Parent \_\_\_\_\_

Email Cast Member \_\_\_\_\_

School  
Attending \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_ Ht. \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent's Name to contact about LYT information during practice and play time

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

What part would you like in the play? \_\_\_\_\_

If you do not get that part will you take another? \_\_\_\_\_

Are you willing to be the understudy for a principal part? If so, this may involve having another part as well.

Guys, are you willing to grow your hair out until production time? \_\_\_\_\_

Experience (Write on back if needed)

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(Conflicts do not excuse you from practice.)

Conflicts----Activity \_\_\_\_\_

Day of the  
Week \_\_\_\_\_ Time \_\_\_\_\_

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