

**LEXINGTON YOUTH THEATRE
CONTACT INFORMATION FORM**
www.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.

_____ Phone _____ Cell _____