

**LEXINGTON YOUTH THEATRE  
CONTACT INFORMATION FORM**  
[www.lexingtonyouththeatreinc.com](http://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 \_\_\_\_\_