

**LEXINGTON YOUTH THEATRE
AUDITIONS
Lexingtonyouththeatreinc.com
(Please attach head shot)**

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? _____

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) _____