

**LEXINGTON YOUTH THEATRE AUDITIONS**

lexingtonyouththeatreinc.com  
(Please attach head shot photo)

Cast Member Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell # (actor) \_\_\_\_\_

City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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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) \_\_\_\_\_