

2019-2020

Audition Form

Youth Group Education Program



Please print your responses clearly. Please attach a recent photo / headshot.

Full Name of Applicant: _____

Address: _____

City: _____ Postal Code: _____

Phone #: _____ Cell #: _____

Parent Email: _____

Youth Email (optional): _____

Date of Birth: _____ Current Age: _____

School: _____ Grade (Sept. 2019): _____

Please check your program preference:

Performance (acting, singing, dancing)

Technical (stage crew, lighting, sound, set or costume design)

Please describe all previous theatre experiences / training (vocal, dance, acting, technical) or feel free to attach a theatre resume.

Continued ...

In your own words, tell us why you would like to participate in the OLT Youth Group Education Program?

Name and describe two specific goals you have / would like to achieve in your participation with the OLT Youth Group Education Program this year. This is not limited to performance goals; you may include technical (e.g. lighting) or backstage (e.g. set design), etc.

Applicant Signature

Date