

# Los Altos Youth Theater

presents

## “The Phantom Tollbooth”

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent Name/Cell Phone: \_\_\_\_\_

Parent Name/Cell Phone: \_\_\_\_\_

Student email: \_\_\_\_\_

Parent email(s): \_\_\_\_\_

Monologue Title/Show: \_\_\_\_\_

**Theater Experience:** (\*please begin with the most recent)

Show Title	Character	Company	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Training:** (\*list any vocal, acting, dance, improv, etc. classes)

Class	Teacher	Company	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special Skills/Talents:

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What characters are you interested in playing in this show? \_\_\_\_\_

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**(please circle one)**

Will you accept any role in the show? **YES NO**

Are you willing to play a character of the opposite sex? **YES NO**

Would you be willing to cut or dye your hair for the show? **YES NO**

Please list ANY conflicts you may have: (\*No conflicts will be accepted, without Director approval, after the parent meeting. Any unexcused absences may result in removal from the production.)

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\*Please attach any resume or photo to this paper