

Los Altos Youth Theater

presents

“The Witches”

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:

What characters are you interested in playing in this show? _____

(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.)

*Please attach any resume or photo to this paper