

PLEASE ATTACH  
A PASSPORT  
SIZED  
PHOTOGRAPH  
HERE (WITH  
YOUR NAME  
AND DATE OF  
BIRTH ON THE  
BACK)

# SCOTTISH YOUTH THEATRE



## SUMMER FESTIVAL 2009

### 3 WEEK INTERMEDIATE COURSE APPLICATION FORM

PLEASE COMPLETE IN BLACK INK AND IN BLOCK CAPITALS

First Name(s):	Middle Name:	Surname:
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Address:

Sex: Male [ ] Female [ ]

Telephone No:

Mobile No:

Date of Birth (dd/mm/yy):    /    /

Postcode:

Age on 20<sup>th</sup> July 2009:

Email Address:

School:

Have you auditioned for Summer Festival before? **YES/NO**

If you are 14 have you completed 2 Scottish Youth Theatre Foundation Courses? **YES/NO**

If yes, when and where did they take place?.....  
.....

Please indicate your first and second choice of audition location by marking '1' and '2' in the appropriate boxes.

Aberdeen		Glasgow		Peebles	
Ayr		Inverness		St Andrews	
Dumfries		West Highlands		Stirling	
Edinburgh		Perth		Dundee	

Where did you hear about Summer Festival? :

Where did you get this application form from (Please tick one) :

SYT Website		SYT Event	
SYT Roadshow		Teacher/School	
SYT Office		Local Youth Theatre	
SYT Mailing List		Other (Please state)	

Please give details of any youth theatres or drama groups you are involved in:

Please list any additional experience you feel is relevant to the course:

What other hobbies/interests do you enjoy?

Why do you want to be part of Summer Festival 2009?

#### **PARENTAL PERMISSION**

If you are under 18, we must have your parent/guardian's permission before we can offer you an audition for SF2009.

Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone No: \_\_\_\_\_

Signature: \_\_\_\_\_

#### **REFEREE**

Your referee should be an adult you know well but are not related to (e.g. a teacher). Please check that they are willing to be contacted if necessary!

Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone No: \_\_\_\_\_

Email: \_\_\_\_\_

#### **DECLARATION - ALL APPLICANTS MUST SIGN THE FOLLOWING DECLARATION**

Please accept my application for SF2009. To the best of my knowledge, all of the above information is correct:

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Return this form to: Intermediate Course Applications, Scottish Youth Theatre, @ The Old Sheriff Court, 105 Brunswick Street, Glasgow G1 1TF. Tel: 0141 552 3988 Fax: 0141 552 7615**

**REMEMBER TO INCLUDE A PASSPORT PHOTO AND A CHEQUE/POSTAL ORDER FOR £10 TO COVER ADMINISTRATION COSTS**