

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

SCOTTISH YOUTH THEATRE



SUMMER FESTIVAL 2009 FOUNDATION COURSE APPLICATION FORM

PLEASE COMPLETE IN BLACK INK AND IN BLOCK CAPITALS

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

Address:

Sex: Male [] Female []

Telephone No: _____

Mobile No: _____

Date of Birth (dd/mm/yy): / /

Postcode: _____

Age on 6th July 2009: _____

Email Address: _____

School: _____

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

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	

Please indicate your first, second & third choice of Foundation Course **location** by marking '1', '2' and '3' in the boxes, and choose whether you would like to stay in **residences** for each location by ticking the appropriate box.

LOCATION	PREFERENCE NUMBER	RESIDENTIAL	NON-RESIDENTIAL
Aberdeen		NO RESIDENCY	
Glasgow			
Edinburgh		NO RESIDENCY	

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

Auditions will begin in March/ April 2009. Please return your application to secure an audition slot

**REMEMBER TO INCLUDE A PASSPORT PHOTO AND A CHEQUE/POSTAL
ORDER FOR £10.00 TO COVER ADMINISTRATION COSTS**