

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

SCOTTISH YOUTH THEATRE



SCOTTISH
YOUTH
THEATRE

SUMMER FESTIVAL 2010

PERFORMANCE & PRODUCTION 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 5th July 2010:
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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	<input type="checkbox"/>	<input type="checkbox"/>	Glasgow	<input type="checkbox"/>	<input type="checkbox"/>	Peebles	<input type="checkbox"/>	<input type="checkbox"/>
Ayr	<input type="checkbox"/>	<input type="checkbox"/>	Inverness	<input type="checkbox"/>	<input type="checkbox"/>	St Andrews	<input type="checkbox"/>	<input type="checkbox"/>
Dumfries	<input type="checkbox"/>	<input type="checkbox"/>	West Highlands	<input type="checkbox"/>	<input type="checkbox"/>	Stirling	<input type="checkbox"/>	<input type="checkbox"/>
Edinburgh	<input type="checkbox"/>	<input type="checkbox"/>	Perth	<input type="checkbox"/>	<input type="checkbox"/>	Dundee	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate your first and second choice of Course by marking '1' and '2' in the appropriate box.

Acting	<input type="checkbox"/>	<input type="checkbox"/>	Choreography	<input type="checkbox"/>	<input type="checkbox"/>
Directing	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Where did you hear about Summer Festival? :

Where did you get this application form from (Please tick one) :					
SYT Website	<input type="checkbox"/>	<input type="checkbox"/>	SYT Event	<input type="checkbox"/>	<input type="checkbox"/>
SYT Roadshow	<input type="checkbox"/>	<input type="checkbox"/>	Teacher/School	<input type="checkbox"/>	<input type="checkbox"/>
SYT Office	<input type="checkbox"/>	<input type="checkbox"/>	Local Youth Theatre	<input type="checkbox"/>	<input type="checkbox"/>
SYT Mailing List	<input type="checkbox"/>	<input type="checkbox"/>	Other (Please state)	<input type="checkbox"/>	<input type="checkbox"/>

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 2010?

PARENTAL PERMISSION

If you are under 18, we must have your parent/guardian's permission before we can offer you an audition for SF2010.

Name: _____

Address: _____

Phone No: _____

Signature: _____

Email: _____

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 SF2010. To the best of my knowledge, all of the above information is correct:

Signed _____ Date _____

Return this form to: Performance & Production Course Applications, Scottish Youth Theatre, @ The Old Sheriff Court, 105 Brunswick Street, Glasgow G1 1TF. Tel: 0141 5523988 Fax: 0141 5527615

CLOSING DATE FOR APPLICATIONS: 12TH FEBRUARY 2010

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