



Sample: Youth Theatre Application Form

Name _____ Date of Birth _____

Address _____ Age _____

_____ Telephone (Home) _____

_____ (Mobile) _____

Gender _____

How did you hear about **[Insert: Youth Theatre Name?]**

Theatre Interests

Acting Costume Dance Design Directing Lighting

Singing Sets Sound Writing Make-up Music

Playing an instrument _____

Why would you like to join **[Insert: Youth Theatre Name]**

Theatre/Drama Experience (if any)

Would you like to hear of **[Insert: Youth Theatre Name's]** forthcoming events?

Yes No

Your Signature: _____ Date: _____

(If under 18 yrs)

Parent's/Guardian's Signature: _____ Date: _____

**Please return to [Insert: Contact Name, Youth Theatre Name, Address] by [Insert:Date]
[Provide Contact Details for more information].**