

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 FOUNDATION 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:

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		<i>NO RESIDENCY</i>	
Glasgow			
Edinburgh		<i>NO RESIDENCY</i>	

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 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: Foundation Course Applications, Scottish Youth Theatre, @ The Old Sheriff Court, 105 Brunswick Street, Glasgow G1 1TF. Tel: 0141 5523988 Fax: 0141 5527615

Auditions will begin in March/ April 2010. 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 AUDITION/ADMINISTRATION COSTS