



Alexandria Senior High School  
TROYDOLL APPLICATION

Please **neatly print** the following information:

Name of Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Candidate's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

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

*Street*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

E-Mail Address of Parent/Guardian: \_\_\_\_\_

---

***By providing my signature below, I certify that all of the information contained in this application is accurate. I have reviewed the Checklist for Troydoll Auditions and understand that failure to submit or accomplish any item by the due date will result in a candidate not being eligible to try out. Furthermore, I understand that candidates' scores, both from judges' sheets and teacher evaluations, are confidential and may not be reviewed by any party other than the coach and the ASH administration. I have also read the ASH Troydoll Constitution and Demerit System, and I fully understand and agree to comply with the rules, regulations, and expectations of the organization.***

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent's/Guardian's Signature*

\_\_\_\_\_  
*Date*