



Youth Drama Camp Counselor Application

Depending on the number of applicants, all may not be selected.

Name: _____ Grade (Fall 2010) _____

School (Fall 2010) _____

Address: _____ Phone # _____

Parent/Guardian _____ Email _____

Emergency contact during camp _____ Phone # _____

Circle t-shirt size: Youth S M L Adult S M L XL XXL

List any previous involvement with the Gibson County Theatre Company: _____

List any previous theatre experience: _____

Rate the following items in order of preference:

(1 – favorite, 2 – next favorite, etc. Leave items you are not interested in blank.)

Camp Group Leader _____

Supervises a group of 8-10 campers

Director's Assistant _____

Helps with blocking and acting

Music Assistant _____

Helps with music

Choreographer's Assistant _____

Helps with choreography

Costumer's Assistant _____

Helps make costumes

Set Construction Assistant _____

Helps construct the set

Coordinator's Assistant _____

Helps with registration, snacks, & fills in where needed

Babysitter _____

Watches the small children of the directors

I give my child _____ permission to participate in the GCTC Youth Drama Camp if selected. I understand that my child's photograph may be taken and used in promotional material.

Parent/Guardian signature _____ Date _____

Please mail this application by May 31, 2010 to:

Gibson County Theatre Company

P.O. Box 634

Princeton, IN 47670

(812) 664-6249