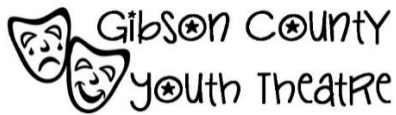


# Youth Drama Camp 2025



### May 26-30, 2026

Princeton Community High School Auditorium

Open to students **entering** 3<sup>rd</sup> – 8<sup>th</sup> grades in the fall of 2026

\$90.00 per child (\$80.00 per additional child from a single household)

#### Fee Includes:

5 days of camp workshops, learning materials, camp t-shirt, and 2 free tickets to the performance.

Registration Deadline: May 15, 2026

#### Auditions

Wednesday, May 13th 4:00-5:30 pm

Thursday, May 14<sup>th</sup> 5:00-6:30 pm

Auditions will be held at PCHS for vocal solos and speaking parts. Auditions are optional and those who decide not to audition will still get to experience all the workshops that camp has to offer – singing, dancing, acting, set construction, and costuming. If you want to audition, you only need to attend one audition session. You can turn in your registration form and camp fees at auditions.

#### ◆Registration & Cancellation Policy

Register by May 15, 2026. Late registration (after 5-15-26) will not be guaranteed a camp t-shirt. You may cancel by May 20, 2025 and receive a full refund. No refunds will be given for cancellations after May 20<sup>th</sup>.

#### ◆Policies

All photos and videos taken by GCYT shall remain the property of GCYT and may be used in promotional materials. GCYT is not liable for accident or injury during camp.

## ONLINE REGISTRATION & PAYMENT AVAILABLE!

[www.gibsoncounyyouththeatre.org](http://www.gibsoncounyyouththeatre.org)



### 2026 Youth Drama Camp Registration Form

#### Snail Mail Option

Gibson County Youth Theatre

Kathy Evans, Treasurer

PO Box 247

Patoka, IN 47666

*I hereby release Gibson County Youth Theatre of liability for any accident/injury my child may incur while participating in the Youth Drama Camp. I give permission for my child's picture/video/likeness/voice to be used in promotional media.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade (fall 2026) \_\_\_\_\_

School to attend 2026/2027 \_\_\_\_\_ Shirt Size (youth or adult) \_\_\_\_\_

2<sup>nd</sup> Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade (fall 2026) \_\_\_\_\_

School to attend 2026/2027 \_\_\_\_\_ Shirt Size (youth or adult) \_\_\_\_\_

3<sup>rd</sup> Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade (fall 2026) \_\_\_\_\_

School to attend 2026/2027 \_\_\_\_\_ Shirt Size (youth or adult) \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent's Cell/Work Phone \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Email Address \_\_\_\_\_

Please list any medications your child is taking, any behavior problems, or other concerns that we should know about on the back of this form.