INSTITUTIONAL CAMP/CLINIC REGISTRATION LIST

Office of Athletic Compliance



This form, when completed, will be used to ensure all NCAA regulations regarding camps/clinics have been met.

Sport:		Dates of Camp:			
Coach / Camp Director	:				
Camper Count:	#	Residents			
	#	_ Commuters			
	#	Receiving free/reduced admission			

No.	Name of Camper	Age	Method of Payment	Total \$ Paid	Explanation of any discount received

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COMPLETE SEPARATE LOG FOR EACH SESSION OF CAMP/CLINC. USE ADDITIONAL SHEETS IF NECESSARY. ALREADY PREPARED FORMATS WITH SAME INFORMATION MAY BE USED.

Submitted by Camp Director:	Date:
Approved by Compliance:	Date: