INSTITUTIONAL CAMP/CLINIC STAFF COMPENSATION FORM

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:						
Will transportation expenses/mileage be provided or reimbursed for any employee of the camp/clinic? Yes No If yes, please include a notation and a value associated with this benefit in the compensation column below.						
Will the son or daughter of any camp employee receive free or reduced admission to the camp/clinic? Yes No If yes, please include a notation and a value associated with this benefit in the compensation column below.						
Athletics Department Employees						
Name	Camp/Clinic F	Camp/Clinic Position		Compensation		
High-School, Preparatory School, Two-Year College Coaches						
Name			HS, Prep or JC	Compensation		

Student-Athletes

Name	Camp/Clinic Position	Compensation

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

NOTES:

- Total salary for all employees should be recorded on the Institutional Camp/Clinic Financial Report/Accounting Form at the conclusion of the camp/clinic.
- Complete and separate logs must be completed for each session of camp.
- All student-athletes must receive written approval from the Athletics Compliance Office prior to beginning employment.
- If transportation expenses or mileage will be provided or reimbursed for any camp employee, please include a notation and the value associated with this benefit in the "Compensation" column.