

INSTITUTIONAL CAMP/CLINIC DESCRIPTION FORM

Office of Athletic Compliance



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

Sport:		Coach / Camp Director:	
Dates of Camp:			
Location of Camp:			
Max. No. of Participants:		Age Range:	Registration Fee:
Methods of Soliciting Participation (advertisements, brochures, etc.): <i>Please attach any advertisements.</i>			
Describe Any Discounts That Will Be Given:			
Describe All Room and Board Arrangements for the Camp:			
Describe Any Awards and/or Merchandise Provided to Participants:			
Describe Any Concession Arrangements (types of merchandise, expected revenues, concession employees):			

Please submit the following with this form:

- Any camp brochures or advertisements
- A schedule of events for each camp.

Signature of Camp Director:		Date:	
Approved by Compliance:		Date:	