

INSTITUTIONAL CAMP/CLINIC REFUND LIST

Office of Athletic Compliance



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

Sport: _____ Camp Director: _____

Camp Dates: _____

1.	Name:	Refund Amount:
Reason for Refund:		

2.	Name:	Refund Amount:
Reason for Refund:		

3.	Name:	Refund Amount:
Reason for Refund:		

4.	Name:	Refund Amount:
Reason for Refund:		

5.	Name:	Refund Amount:
Reason for Refund:		

6.	Name:	Refund Amount:
Reason for Refund:		

7.	Name:	Refund Amount:
Reason for Refund:		

Use additional sheets if needed.

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