This form is for Compliance & Advertising purposes only. It is your responsibility to submit all materials and requests to additional departments i.e. Events, Athletic Training, Dining Services, Business Office, etc.

Today's Date: __________________ Name of Camp/Clinic: ____________________________________________

Main Contact for the Camp: __________________________ Sport: _________________________________

Registration Fee: __________________________ Type: (Check One)   ☐ Day   ☐ Overnight

Dates of Camp/Clinic: __________________________ Type of Camp/Clinic: ____________________________

Proceeds will deposited in this account: (Please Circle)   Event   PAC (Scholarships)

Type (Description) of Camp/Clinic: Bylaw 13.12.1

Institutional Camps/Clinics: (most camps are institutional)

- A camp or clinic that is owned or operated by the member institution or an employee of the member institution's athletic department on or off its campus;

- The camp shall involve activities designed to improve overall skills and general knowledge in the sport OR offers a diversified experience without emphasis on instruction, practice or competition in any particular sport.

Facilities (Must be reserved): ____________________________________________

Request advertising method: (Please check all that apply) (Fees may apply*)

- Print (flyer, brochure, etc.)* ☐
- Athletic Website ☐
- Newspaper* ☐
- E-Mail to Media Outlets ☐
- Social Media (Facebook, Twitter, etc.) ☐
- Radio* ☐
- Athletics Electronic Newsletter ☐

Campers: Type of Campers (i.e., prospects, senior prospects): ________________________________________

Any Restrictions on Participants (i.e., age, gender, number): ________________________________________

Will prospective student athletes work at this camp? (If yes, see bylaw 13.12.2.1)   ☐ Yes   ☐ No

*All staff that are being paid for working this camp they will need to claim vacation on their timesheets for the month on days used.

Compliance Signature ____________________________

Date ____________________________

Head Coach Signature ____________________________

Date ____________________________