



# CAMP / CLINIC PERMISSION REQUEST FORM



Sport: \_\_\_\_\_ Camp Director: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Detailed information:  
(please list all intended sessions separately below)

Date(s) of Camp/Clinic	Name of Camp/Clinic	Age range of participants	Anticipated # of participants	Anticipated price per participant	Will institutional athletic facilities be used? (Y / N)
<i>For example: July 10 – 12, 2010</i>	<i>All-Star Skills Camp</i>	<i>13 – 18</i>	<i>200</i>	<i>\$300.00</i>	<i>Y</i>

### ACKNOWLEDGEMENT:

I hereby certify that the information provided above is accurate and complete. I understand that any changes to the information provided must be communicated to and approved by the Director of Athletics Compliance, Director of Facilities/Operations, and the Director of Athletics. I further understand that, even though each camp/clinic listed above is a private venture, the camp(s)/clinic(s) must be operated in full compliance with all NCAA rules and regulations applicable to institutional camps/clinics.

Signature of Camp Director: \_\_\_\_\_ Date: \_\_\_\_\_

### APPROVED BY:

Signature of Director, Athletics Compliance: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Director, Facilities & Operations: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Director of Athletics: \_\_\_\_\_ Date: \_\_\_\_\_