



Please submit the following form, accompanied with a proposed camp brochure (if applicable), to the Compliance Office. **NOTE:** The Compliance Office must approve all camp brochures. If you are preparing an individual sport camp brochure, which is not complete, please submit it for review as soon as possible.

Camp Name: _____ Date(s): _____

Coach: _____ Camp Director (if not Coach): _____

Description of purpose of the camp/clinic:

Facilities and equipment utilized: _____

The camp/clinic participants will be comprised of (check all that apply):

Prospects (Bylaw 13.02.9)

Senior prospects (Bylaw 13.12.1.2.1.1)

Other, please describe: _____

Please list any restrictions placed on participants in order to attend the camp/clinic (e.g. number, age, grade level or gender).

Note: Bylaw 13.12.1.2 Attendance Restriction. A Sacramento State sports camp or clinic shall be open to any and all entrants (limited only by number, age, grade level and/or gender).

Camp/clinic participants were solicited through the following (check all that apply):

Advertisements (please indicate where in the space below) Brochures

Other, please describe _____

Description of awards or merchandise provided to campers:

Overnight Camp: Yes No

For Insurance Purposes:

Projected # of participants: _____ Age group: _____ # of participants over age 16: _____

APPROVED:

Compliance Office

Date

Proposed Camp/Clinic Budget and Expenses Form

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Number of Participants:	_____ @ _____	Total _____
Other Income	Source:	Total
	Source:	Total
	Source:	Total
Expenses		
T-Shirts	\$	
Insurance	\$	
Misc. Supplies	\$	
Brochures	\$	
Postage	\$	
Instructors	\$	
Camp Director	\$	
Meals	\$	
Housing	\$	
1st Responder <i>(Amount equal to that of a coach/counselor)</i>	\$	
Other: _____		
Other: _____		
TOTAL EXPENSES		
Please describe how the profit will be used in your program: _____		

