

University of Louisville

SPORTS CAMP/CLINIC CHECKLIST

Office of Athletic Compliance

Name of Camp or Clinic:	Camp or Clinic Dates:
Name of Camp or Clinic Director:	Age Group:

***Please attach brochure, all sample advertisements & insurance policy of camp to this form. ***

Is this camp a **Day Camp** or **Overnight Camp**? _____

What is the **Amount** of the camp? _____

Are there any **Discounts** or **Free Admissions**? _____

If **YES**, please describe.

Are you **Sponsored** by any companies for this camp? _____

Where will you **Advertise** your camp? _____

Will **Employees** of the camp receive transportation, food, and lodging? _____

Will **Children of Employees** receive transportation, food, lodging and/or reduced/free admission to the camp? _____

If **YES**, please describe.

Signature of Camp Director: _____

Date: _____

Camps are NOT approved until completion of this form & Compliance Staff has signed below!



Below for Compliance use ONLY

Dates Approved: _____

Brochure Approved: _____

Comments: _____

Signature of Compliance Staff: _____

Date: _____