

SPORTS CAMP/CLINIC GROUP DISCOUNTS

Office of Athletic Compliance

<input type="checkbox"/> I did not provide group discounts. <input type="checkbox"/> I did provide group discounts as described below.

Name of Camp or Clinic	Camp Dates (mm/dd/yy – mm/dd/yy)
Name of Camp Director	

Name of Group	Amount of Discount
Basis of Discount	Initials
Names of Recipients:	Names of Recipients:

Name of Group	Amount of Discount
Basis of Discount	Initials
Names of Recipients:	Names of Recipients:

Attach additional forms if necessary.