

SPORTS CAMP/CLINIC INDIVIDUAL DISCOUNTS

Office of Athletic Compliance

I did not provide individual discounts.
 I did provide individual discounts as described below.

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

Name of Camper	Amount of Discount
Basis of Discount	Initials

Name of Camper	Amount of Discount
Basis of Discount	Initials

Name of Camper	Amount of Discount
Basis of Discount	Initials

Name of Camper	Amount of Discount
Basis of Discount	Initials

Name of Camper	Amount of Discount
Basis of Discount	Initials

