

University of Louisville

SPORTS CAMP/CLINIC STAFF & COMPENSATION

Office of Athletic Compliance

Name of Camp or Clinic	Camp Dates (mm/dd/yy – mm/dd/yy)
Name of Camp Director	
Will transportation expenses/mileage be provided or reimbursed for any camp employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please include a notation and the value associated with this benefit in the compensation column.	
Will the son or daughter of any camp employee receive free or reduced admission to the camp? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please include a notation and the value associated with this benefit in the compensation column.	

Athletics Department Employees

Name	Social Security Number	Camp/Clinic Position	Compensation

High School or Two-Year College Coaches

Name	Social Security Number	Camp/Clinic Position	Compensation

Student-Athletes

Name	Social Security Number	Camp/Clinic Position	Compensation

Other

Name	Social Security Number	Camp/Clinic Position	Compensation

Total Compensation	\$
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