

CAMP ROSTER 2011

SPORT: _____

CAMP DATE: _____

Last Name	First Name	Address	City	State	Zip	Phone	Age	Amt. Due	Amt. Paid	Date Paid

I hereby certify that to the best of my knowledge, the information given is correct and complete. I understand that if I knowingly give false information, or violate CSUB or NCAA rules, my employment in the CSUB athletic department may be jeopardized.

Head Coach/ Camp Director *Signature* _____

Compliance Approval *Signature* _____