

UNIVERSITY CAMP/CLINIC AUTHORIZATION FORM

Sport: _____ Coach/Camp Director: _____

Projected Date(s): _____

Camp Structure (privately owned, run through agency account, foundation. Inc., etc.): _____

Purpose of Camp/Clinic:

Athletic Facilities to be Used:

Age Group: _____ Projected # of Participants: _____

Registration Fee: \$ _____

Will any discounts or scholarships be awarded? _____

If yes, on what basis:

Will any awards or prizes be given? _____

Please describe: _____

*** Please note, approval is contingent upon the availability of the facilities.***

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 _____