

UNIVERSITY CAMP/CLINIC HARDSHIP APPLICATION

Sport: _____ Coach/Camp Director: _____

Projected Date(s): _____

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

Purpose of Camp/Clinic:

Age Group: _____ Projected # of Participants: _____

Registration Fee: \$_____

Attach a copy of the proposed camp/clinic brochure for approval

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* _____