Sports Camp/Clinic Description Form

Forms Due to Compliance: One Month Prior to Camp

GENERAL CAMP INFORMATION:

Sport: ____________________________

Name of Camp/Clinic: ____________________________

Dates of Camp/Clinic: ____________________________

Name of Camp Director: ____________________________

CAMP RESTRICTIONS: The camp will be limited by:

- Age: ____________________________
- Grade Level: ____________________________
- Gender: ____________________________
- Number of Participants: ____________________________

FACILITIES USED:

- Power Gym
- Newton
- Conte Forum Court
- Brighton
- The Plex Courts
- Other: ____________________________

CAMP EMPLOYMENT:

Will a prospect(s) be employed at the camp/clinic?  

☐ Yes  ☐ No

If yes, please attach a list of the prospects who will be employed at your camp/clinic.

CAMP REGISTRATION:

Cost to Attend the Camp/Clinic: ____________________________

CAMP BENEFITS: The following, if provided must be included in the cost to attend the camp. Please indicate if you will be providing any of the benefits listed below:

☐ Concessions  If so, what? ____________________________  Cost of item(s): ____________________________
☐ Transportation  If so, what? ____________________________  Cost of item(s): ____________________________
☐ Merchandise  If so, what? ____________________________  Cost of item(s): ____________________________
☐ Awards  If so, what? ____________________________  Cost of item(s): ____________________________
☐ Meal(s)  If so, what? ____________________________  Cost of item(s): ____________________________
☐ Lodging  If so, where? ____________________________  Cost of item(s): ____________________________

Please keep in mind, transportation must be available to all camp participants.

CAMP DISCOUNTS: Camp discounts include, but are not limited to: early registration, military discount, BC employee discount, or a group discount. Please list any/all discounts that will be available.

<table>
<thead>
<tr>
<th>Name/Type of Discount</th>
<th>Reduced Registration Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>______________________</td>
<td>____________________________</td>
</tr>
<tr>
<td>______________________</td>
<td>____________________________</td>
</tr>
<tr>
<td>______________________</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

REGISTRATION, PAYMENT & ADVERTISING:

<table>
<thead>
<tr>
<th>REGISTRATION</th>
<th>PAYMENT</th>
<th>ADVERTISING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online</td>
<td>Online</td>
<td>Mass Email</td>
</tr>
<tr>
<td>Through mail</td>
<td>Through mail</td>
<td>Mass Printed Mailing</td>
</tr>
<tr>
<td>Through phone</td>
<td>Through phone</td>
<td>Recruiting Publication Advertisement</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td>Boston College Website</td>
</tr>
</tbody>
</table>

I certify that I have filled out this form correctly and accurately to the best of my knowledge. I understand that failure to provide accurate information on this form, or failing to abide by all NCAA rules and regulations may result in a NCAA violation. Further, this may result in a delay or reduction of camp proceeds.

Coach's Signature: ____________________________  Date: _______________  
Compliance Approval: ____________________________  Date: _______________  
Business Office Approval: ____________________________  Date: _______________