

REQUEST AND AUTHORIZATION FOR ATHLETIC CAMP
University of Louisiana at Lafayette

A. Application Date: _____

B. Name of Camp: _____

C. Date(s) Requested:

	Date(s)	Day(s)	Time(s)	Registration Fee
I.	_____	_____	_____	_____
II.	_____	_____	_____	_____
III.	_____	_____	_____	_____

D. Facilities Requested: _____

(Alternate/Rain Site): _____

E. Camp Staff (attach). Be sure to include:

Name and Affiliation

UL Lafayette staff (Coach, Trainer, Video)

Student Athlete, non-Eligible Student Athlete

Civil Service Classified Employee (attach approval request letter)

Graduate Assistants and Area (Football, Soccer, Strength & Conditioning)

Student Workers

Non-UL Lafayette Personnel

F. Deposit all fees/funds (sponsorship/entry fees) into Acct No. _____

G. All expenses will be paid from the proceeds of this account. _____ Yes
_____ No (explain on back)

H. Excess proceeds will be:

_____ Divided among persons noted with an asterisk on the attached sheet

_____ Deposited into Account No. _____

_____ Other (explain on back)

I. Housing Needed? _____ Yes _____ No (If yes, attach/submit form)

- J. All camps/clinics must provide insurance for the participants and non-university employees. Cost of insurance is \$1.00 per person per day for all campers and non-university employees.

University affiliated organizations are required to have an athletic trainer on staff during the entire camp/clinic session for safety of the participants.

University affiliated organizations are assessed a \$5/per person registration fee per camp/clinic session. This charge will be assessed at the end of all camps and is charged to all camps.

- K. SPECIAL ARRANGEMENTS, EXPLANATIONS, OR NOTATIONS

- L. I have read the University's policies and procedures that apply to this request, understand my responsibilities, and will carry them out.

Signature of Camp Coordinator

Title and/or Position

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- M. Signatures of Approval:

Scott Farmer, Athletic Director Date

Anthony Daniel, Director, Student Union Date

Jerry Luke LeBlanc, Vice President of Administration Date