



**WASHINGTON STATE ATHLETICS  
OFFICE OF COMPLIANCE  
CAMP/CLINIC STAFF ROSTER AND COMPENSATION**

Sport: \_\_\_\_\_ Coach: \_\_\_\_\_

Date(s): \_\_\_\_\_

ICA Departmental Staff:

Staff members	Job Description	Compensation

Other (High School/College Coaches, etc.):

Name	Job Description	Compensation	Occupation

Will transportation expenses or mileage be provided for *any* employee?    YES    NO

If so, which employee(s)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE SUBMIT 1 WEEK PRIOR TO START OF CAMP**