



**WASHINGTON STATE ATHLETICS
OFFICE OF COMPLIANCE
CAMP/CLINIC AUTHORIZATION FORM**

Sport: _____ Coach/Camp Director: _____

Name of Camp/Clinic: _____

Date of Camp/Clinic: _____ Age Group: _____

Camp Structure: ☐ Privately Owned ☐ Run through Camp Account
☐ Foundation ☐ Other _____

Purpose of Camp/Clinic _____

Type of Camp/Clinic: ☐ Institutional
☐ On-Campus ☐ Off-Campus
☐ Non-Institutional

***If Institutional:**

Athletic facilities to be utilized: _____

Projected # of Participants: _____ Registration Fee: \$ _____

Will any discounts or scholarships be awarded? ☐ Yes ☐ No

If yes, on what basis: _____

Will any awards or prizes be given: ☐ Yes ☐ No

Please Describe: _____

***Please note, approval for institutional camps/clinics is contingent upon the availability of the facilities.**

***If Non-Institutional:**

Location of Camp/Clinic: _____

Employer/Camp Operator: _____

Expected Salary or Hourly Wage: _____

***All outside income must be reported on the annual Outside Income Form handed out during the summer by the Compliance Office.**



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Are you printing brochures: ☐ Yes ☐ No

*** If NO**, are you uploading a brochure online: ☐ Yes ☐ No

***If YES**, please attach a copy of all camp advertisements and/or brochures

***Brochures must be authorized before going to publication or being posted online.**

Camp Advertisements/Brochure Approval:_____

Head Coach/Camp Director Signature _____

Compliance Approval: _____

Facilities Approval (Tammy Small):_____

Deputy Director of Athletics _____