



# Non-institutional Camp/Clinic Private Camp Approval

This form, when completed by the coach, will be used to ensure that all NCAA regulations regarding camps/clinics have been met.

Coach Requesting Approval:	Dates of the Camp/Clinic:
Name of Camp/Clinic	Location of the Camp:
Name of Owner/Operator of the Camp/Clinic:	
Owner/Operator Contact Information: Work Phone: _____ Email: _____ Fax: _____	

### To Be Filled Out By The Camp/Clinic Owner/Operator — Check All That Apply

- The camp/clinic is not established, sponsored or conducted by an individual or organization that provides recruiting or scouting services concerning prospects.
- The purpose of the camp/clinic is designed to improve overall skills through specialized instruction and not a tryout camp devoted primarily to agility, frexibility, speed or strength tests.
- The camp/clinic is open to any and all entrants. (It may be limited by number and age but cannot select participants on an invitation only basis or reserve sports for specific prospects.)
- The camp/clinic does not employ or give free or reduced admission to any high school, prep school or two-year college award winners or Arkansas State University recruits.
- The cost of awards received from the camp/clinic are included in the admission fees charge to the participants.
- A booster representing Arkansas State University's athletics interests is not paying any prospect's expenses to attend.
- The camp/clinic does not permit or arrange for a prospect or student-athlete to operate a concession to sell items related to or associated with the camp/clinic.
- There will be no recruiting activities (i.e., presentations, highlight videos, etc.) at the camp/clinic.
- Football & Basketball Only:** The camp/clinic will occur during June, July or August.
- Football Only:** Senior prospects will not be employed (paid or volunteer), enrolled or allowed to participate.
- Basketball Only:** The camp/clinic includes an educational session detailing NCAA initial-eligibility regualtions.
- Coaches Clinic:** High school prospects will not serve as demonstrators at the clinic.

Signature of Coach:	Signature of Camp/Clinic Owner/Operator:
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<b>Approval:</b> <input type="checkbox"/> Yes, the camp/clinic is cleared <input type="checkbox"/> No, the camp/clinic is not cleared	
Signature of Compliance Officer:	Date: