



### *Camp/Clinic Pre-Approval Form*

<b>Sport:</b> _____		<b>Coach:</b> _____	
<b>Is this an institutional or outside camp/clinic?</b> _____			
<b>Name of camp/clinic administrator:</b> _____		<b>Phone Number:</b> _____	
		<b>E-Mail address:</b> _____	
<b>Location of camp/clinic:</b> _____		<b>Address:</b> _____	
		_____	
		_____	
<b>Dates of camp/clinic:</b> <u><b>From:</b></u> _____ <u><b>TO:</b></u> _____		<b>Age Group:</b> _____	
<b>Dates of camp/clinic:</b> <u><b>From:</b></u> _____ <u><b>TO:</b></u> _____		<b>Age Group:</b> _____	

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|---|------------|-----------|
| 1. What is camp/clinic charge per session?  | \$         |           |
| 2. Will discounts be provided to any camper?  | <b>YES</b> | <b>NO</b> |
| 3. Please list discounts that will be provided and to whom:   | _____      |           |
| 4. Will the camp/clinic provide group discounts?  | <b>YES</b> | <b>NO</b> |
| 5. Please list what the published standards for group discounts will be?  | _____      |           |
| 6. Where will this camp/clinic be advertised?   | _____      |           |
| <i>*Please attach copy of advertisement(s)</i>  |            |           |
| 7. Will this camp/clinic be open to any an all entrants limited only by age/number/gender?                      | <b>YES</b> | <b>NO</b> |
| 8. Will slots be reserved for specific prospects?   | <b>YES</b> | <b>NO</b> |
| 9. Will this camp/clinic employ prospects in any capacity (i.e., concessions, counselors, demonstrators, etc.)? | <b>YES</b> | <b>NO</b> |
| 10. Is this camp/clinic solely devoted to testing the agility, flexibility, speed and strength of prospects?    | <b>YES</b> | <b>NO</b> |
| 11. Is this camp/clinic designed to improve overall skills and general knowledge in the sport?                  | <b>YES</b> | <b>NO</b> |
| 12. Does the camp/clinic include specialized instruction?   | <b>YES</b> | <b>NO</b> |
| 13. Does the camp/clinic permit outside organizations/agencies/ individuals to pay for camp admission?          | <b>YES</b> | <b>NO</b> |

14. Please list outside organization/agencies/ individuals who may pay for camp admissions for participants?

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15. Is the camp/clinic sponsored or conducted by an individual or organization that provides recruiting or scouting services concerning prospects?

**YES** **NO**

16. Are any current Lewis student-athletes employed by the camp/clinic?

**YES** **NO**

17. What are their functions/responsibilities?

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18. Is this camp/clinic conducted during a Dead Period?

**YES** **NO**

19. Will campers be provided with awards/mementos?

**YES** **NO**

20. Please list the types of awards/mementos that will be provided:

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21. Will the cost of these awards/mementos be included in the admission price to the camp/clinic?

**YES** **NO**

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**Coach Signature**

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**Date**

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**Compliance Signature**

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**Date**