



Winona State University
Department of Intercollegiate Athletics



Camp Approval Form

SECTION I – OVERVIEW

Camp/Clinic Name _____
Camp/Clinic Director _____
Camp/Clinic Session Dates _____
Camp/Clinic Location _____

Who is responsible for the day-to-day running of the camp/clinic (i.e. Director of Camp)? _____

Description or purpose of camp/clinic: _____

What is the camp financial structure? _____ College owned
(If private, must get prior approval from President)

What is the age group range? _____

Projected number of participants _____

Any restrictions on participants? _____

Methods of soliciting participants? _____

Will any individuals be specifically invited? (Please explain) _____

Amount of registration fee? _____

Will any discounts or scholarships be available? _____ No

Describe concession and merchandise arrangements, if any: _____

Will any awards or mementos be given? _____

Attach the following forms to Section I

- Copy of release of liability and medical treatment authorization and release form
- Copy of camp flyer/brochure/advertisement



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SECTION II – DESCRIPTION OF POSITIONS AT CAMP

Below I will identify all employment positions at my camp, including, but not limited to, camp director, counselor(s), referee, housing director, presenter, concession attendant, hall monitor, etc. In the respective descriptions, I will comment about their specific duties and responsibilities (and will give a percentage as to how much that duty/responsibility is of the total position). Moreover, I will detail how much an individual will make financially in the respective position knowing the individual should be paid “the going rate” for that employment. Factors to consider for the going rate include but are not limited to years of experience, location of camp, additional responsibilities, etc.

*EXAMPLE - Camp Counselor Nightly hall monitor (40%), Coach of team (20%), Coordinating Individual Skill Instruction (20%), Organization of Camp Events (10%), Concession, Meal Time Monitor (10%)
Pay Rate: \$400 per weekly (5-day) session plus room and board*

POSITION	RESPONSIBILITIES	PAY RATE

TOTAL NUMBER OF EMPLOYEES AT EACH POSITION

Example: 10 Camp counselors @ \$400 plus room and board

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Coach

Date



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SECTION VI – FINANCIAL REPORT - Budget

Camp/Clinic Name _____
Camp/Clinic Director _____
Camp/Clinic Session Dates _____

REVENUE

_____	@	\$ _____	=	\$ _____
_____	@	\$ _____	=	\$ _____
_____	@	\$ _____	=	\$ _____
Subtotal Campers	_____	Subtotal Revenue	=	\$ _____

REFUNDS

_____	@	\$ _____	=	\$ _____
_____	@	\$ _____	=	\$ _____
Subtotal Campers	_____	Subtotal Refunds	=	\$ _____
Total Campers	_____	Total Revenue	=	\$ _____

EXPENDITURES

STAFF

Administrative Staff	_____	@	\$ _____	\$ _____
Camp Counselor	_____	@	\$ _____	\$ _____
TOTAL				= \$ _____



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T-SHIRTS = \$ _____

PROMOTIONS/PRINTING

Central Supply \$ _____

Copies \$ _____

Postage \$ _____ = \$ _____

MISCELLANEOUS

\$ _____ = \$ _____

ROOM/BOARD

Housing _____ @ \$ _____ = \$ _____

Meals _____ @ \$ _____ = \$ _____

TOTAL EXPENDITURES = \$ _____

TOTAL CAMP PROCEEDS (ESTIMATE) = \$ _____





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SECTION VII – FINANCIAL REPORT - Final

Camp/Clinic Name _____
Camp/Clinic Director _____
Camp/Clinic Session Dates _____

REVENUE

_____ @ \$ _____ = \$ _____
_____ @ \$ _____ = \$ _____
_____ @ \$ _____ = \$ _____

Subtotal Campers _____ Subtotal Revenue = \$ _____

REFUNDS

_____ @ \$ _____ = \$ _____
_____ @ \$ _____ = \$ _____

Subtotal Campers _____ Subtotal Refunds = \$ _____

Total Campers _____ **Total Revenue** = \$ _____

EXPENDITURES

STAFF

Administrative Staff _____ @ \$ _____ \$ _____

Camp Counselor _____ @ \$ _____ \$ _____

TOTAL _____ = \$ _____



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T-SHIRTS		=	\$ _____
PROMOTIONS/PRINTING			
Central Supply	\$ _____		
Copies	\$ _____		
Postage	\$ _____	=	\$ _____
MISCELLANEOUS			
Worker meals	\$ _____	=	\$ _____
ROOM/BOARD			
Housing	_____ @ \$ _____	=	\$ _____
Meals	_____ @ \$ _____	=	\$ _____
TOTAL EXPENDITURES		=	\$ _____
TOTAL CAMP PROCEEDS		=	\$ _____

SECTION VIII – REGISTRATION LIST

ATTACH FINAL REGISTRATION LIST to safeguard the interests of all parties. Information that should be identified on the registration list must include camper's name, address, fee paid, whether there was a discount given, and their grade.

Approved by _____ Date _____
Head Coach

Approved by _____ Date _____
Compliance Coordinator

Approved by _____ Date _____
Associate Athletic Director

Approved by _____ Date _____
Director of Athletics