



This form, when completed by the camp director, will be used to ensure that NCAA regulations regarding camps/clinics have been met. A log must be filled out for each session that is held.

Name of Camp/Clinic:	Dates of Camp:
Camp Director:	

Camp/Clinic Group Discount Policy:

Name of Group:	Amount of Discount:
Basis of Discount:	Initials of Camp Director:
Names of Recipients: (Name, Age, Year in School)	
1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____

Name of Group:	Amount of Discount:
Basis of Discount:	Initials of Camp Director:
Names of Recipients: (Name, Age, Year in School)	
1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____

**Sports Camp/Clinic
Group Discount Log & Policy
2010-11**

Name of Group:	Amount of Discount:
Basis of Discount:	Initials of Camp Director:
Names of Recipients: (Name, Age, Year in School)	
1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____

Name of Group:	Amount of Discount:
Basis of Discount:	Initials of Camp Director:
Names of Recipients: (Name, Age, Year in School)	
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