



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 Refund Policy:

Name of Camper:	Age:	Year in School:	Amount of Refund:
Reason for Refund:			Initials of Camp Director:

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Reason for Refund:			Initials of Camp Director:

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Reason for Refund			Initials of Camp Director:

Sports Camp/Clinic Refund Ledger & Policy 2010-11

Name of Camper:	Age:	Year in School:	Amount of Refund:
Reason for Refund:			Initials of Camp Director:

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