University of Tennessee

Athletics Compliance Office

Sports Camp/Clinic Staff Compensation 2010-11

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

Sport:	Dates of Camp:
Camp Director:	
Will transportation expenses/mileage be provided or reimbursed for any employee of the camp/clinic? ☐Yes ☐No If yes, please include a notation and a value associated with this benefit in the compensation column.	

Athletics Department Employees

Name	SSN (Last 4 digits)	Camp/Clinic Position	Compensation

Student-Athletes

Name	SSN (Last 4 digits)	Camp/Clinic Position	Compensation

Sports Camp/Clinic
Staff Compensation
2010-11

High School/Two-Year College Coaches/Prep School

Name	School	SSN (Last 4 digits)	Camp/Clinic Position	Compensation

Other

Name	Affiliation (i.e. AAU, Agent)	SSN (Last 4 digits)	Camp/Clinic Position	Compensation