

IPFW SPORTS CAMPS AND CLINICS COMPLIANCE CHECKLIST

SPORT:
CAMP ADMINISTRATOR:
PHONE:

Please answer the following questions for all camps in the Fall, Spring, and Summer of the year 2004-2005.

Title of Camp _____

Date(s) _____

Purpose of Camp _____

Location of Camp: Town & Site _____

Facilities utilized in camp _____

Housing of Campers _____

Housing of Employees _____

Is this camp restricted or limited in any manner regarding campers (i.e., age, class, size)? Please list _____

List the items the campers will receive as part of their camp payments (i.e., t-shirt, bag, team photo, etc). _____

List any awards they may be eligible for at this camp.

List your methods of solicitation for your camps and provide an actual copy of each (i.e., brochure, advertisements, letters of invite). _____

Name specific individuals and/or organizations that you have partnership agreements with that are not associated with IPFW. _____

For any student-athlete employed by your camp, describe their responsibilities/duties or attach established information. _____

Have you attached a copy of your camp schedule(s)? _____

BASKETBALL ONLY: Please contact the Compliance Office to schedule a time during each camp involving those of prospect age for the educational session as required by NCAA regulations.

By signing this form, I am indicating that to the best of my knowledge, our camp is in compliance with NCAA regulations *and that subsequent to this date, I will notify the Compliance Office of any potential problems that may arise regarding any of these camps and NCAA rules and regulations.*

CAMP ADMINISTRATOR'S SIGNATURE

DATE

COMPLIANCE SIGNATURE

DATE