



University of Georgia Compliance Office

OUTSIDE COMPETITION APPROVAL FORM - TEAM

Name of Student-Athlete: _____ Sport: _____

Team Information

Team Name: _____ Location of Team: _____

First Date of Competition: _____ Last Date of Competition: _____

Team Contact and Title: _____

Phone Number: _____ Email Address: _____

Does competition take place during a vacation period? Yes No

Team Contact

What expenses (e.g. transportation, lodging) are provided to players on the team? _____

Are any individuals on the team paid for their participation? Yes No

Is this team an amateur team? Yes No

By signing this form, I understand NCAA rules prohibit any member of this team to receive more than actual and necessary expenses and I state that no member of this team receives more than actual and necessary expenses for their participation on the team.

Team Contact Signature

Date

Student-Athlete

I understand that I cannot compete on a team where I receive more than actual and necessary expenses for participation on this team.

Student-Athlete Signature

Date

Compliance

Approved

Not Approved

Date: _____

Initials: _____