	University of Georgia Compliance Office
	Camp/Clinic Summary Report
This report includes worksheets 1-5 a Office <u>60 DAYS</u> following the conclus	and the camper's survey. The report is due to the Compliance sion of the final camp session.
Report for the:	Year:
Dates of Camp/Clinic:	
Total Revenue from Camp/Clinic (Wor	ksheet #1):
Total Expenses from Camp/Clinic (Wor	rksheet #2):
Gain or Loss from Camp/Clinic (Reven	ues minus Expenses):
associated with the operation of camp/c operation of a sports camp/clinic. I also records are available for review by the I	s accurate and that I have no knowledge of any improprieties clinic. I am aware of applicable NCAA guidelines affecting the confirm that complete financial and camper participation Director of Athletics at his or her designee upon request. Finally, st related to the operation of a sports camp/clinic are the sole /operator.
Camp/Clinic Operator/Owner Signat	ture:
Date:	
Please provide in the space below the na provided professional consultation.	ame and address of accounting firm or other organization which

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	Camp/Clinic Worksheet #1		
Report for the:		_ Year:	
The information provided by this worksheet must refle	ct all sources and amounts of	of income and g	gifts-in-kind.
TUITION:			
1. Campers receiving reduced or free tuition:			
Name:	Reason:		
If more space is needed, continue on the next page.			
2. Number of campers per session:		Reg.	Day
(Must match Worksheet #5)	Session 1		
	Session 2		
	Session 3		
	Session 4		
	Session 5		

3. Tuition paid by each camper:

	Reg.	Day
Session 1		
Session 2		
Session 3		
Session 4		
Session 5		
Total Tuition:		

Total Campers:

4.	Income from concessions, items and/or appare	el sales:	Amount:
5.	Beginning Account Balance: (Carried over from previous year)	Amount:
			TOTAL INCOME:
6.	Gifts-in-Kind received (clothing, meals, equipm	nent, etc.)	
	Source:	Value:	
	Source:	Value:	
7.	Campers receiving reduced or free tuition:		
	Name:	Reason	:



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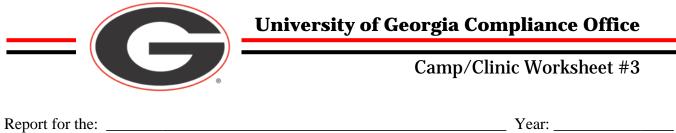
Camp/Clinic Worksheet #2

Report for the:

Year: _

This information must reflect all expenses associated with the camp/clinic. The following line items are provided for your use. Should you require a line item not listed, simply reflect it in "other" and specify what it is. Example: Swimming may require the rental of the Ramsey Pool or Golf may require the rental of a driving range or golf course.

EXPENSES	AMOUNT
Awards	
Bank Fees	
Business Mileage	
Concession/Apparel	
Contract Labor (Salaries) (Worksheet #4)	
Dormitory	
Equipment Rental	
Priority Research	
Food	
Insurance	
Physical Plant Fees	
Postage Fees	
Printing	
Specific Facility Fees	
Supplies	
Transportation (vans, buses, etc.)	
UGAAA Fees (Worksheet #3)	
Other:	
TOTAL EXPENSES:	



FEES DUE FROM THE CAMP/CLINIC OPERATOR

ATHLETIC ASSOCIATION BILLING

UGAAA controlled facilities:

Total Number of Campers:

______x \$3 = _____



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Camp/Clinic Worksheet #4

Report for the: _

Year:

CONTRACT LABOR/EMPLOYEE INFORMATION

This worksheet must contain a complete list of camp/clinic staff. The information must include names, dates of employment and amount paid. Additionally, any camp/clinic staff member who is a high school or two year college coach must be designated with an (*).

This information, designated as "contract labor," is to be used for income tax purposes as well. Accordingly, forms 1099 and/or W-2 should be filed for each camp/clinic staff member.

A. Total # of camp/clinic staff members:

B. Payroll information:

Name	Dates of Camp/Clinic	Amount Paid



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Camp/Clinic Worksheet #5

Report for the: _

_____ Year: _____

CAMP/CLINIC PARTICIPANT INFORMATION

This information reflects camp/clinic participants. It is required in accordance with NCAA guidelines.

It must include the camper's age, hometown and method of payment (cash/check or money order).

Hometown	Age	Method of Payment