



University of Georgia Compliance Office

Camp/Clinic Summary Report

This report includes worksheets 1-5 and the camper's survey. The report is due to the Compliance Office 60 DAYS following the conclusion of the final camp session.

Report for the: _____ Year: _____

Dates of Camp/Clinic: _____

Total Revenue from Camp/Clinic (Worksheet #1): _____

Total Expenses from Camp/Clinic (Worksheet #2): _____

Gain or Loss from Camp/Clinic (Revenues minus Expenses): _____

I confirm that all information reported is accurate and that I have no knowledge of any improprieties associated with the operation of camp/clinic. I am aware of applicable NCAA guidelines affecting the operation of a sports camp/clinic. I also confirm that complete financial and camper participation records are available for review by the Director of Athletics at his or her designee upon request. Finally, I acknowledge that all expenses and cost related to the operation of a sports camp/clinic are the sole responsibility of the sports camp owner/operator.

Camp/Clinic Operator/Owner Signature: _____

Date: _____

Please provide in the space below the name and address of accounting firm or other organization which provided professional consultation.



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Camp/Clinic Worksheet #1

Report for the: _____ Year: _____

The information provided by this worksheet must reflect all sources and amounts of income and 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:**
(Must match Worksheet #5)

Reg.

Day

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

3. **Tuition paid by each camper:**

Reg.

Day

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

4. **Income from concessions, items and/or apparel sales:** Amount: _____

5. **Beginning Account Balance:** Amount: _____
(Carried over from previous year _____)

TOTAL INCOME: _____

6. **Gifts-in-Kind received** (clothing, meals, equipment, 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.

<i>EXPENSES</i>	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:	



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Camp/Clinic Worksheet #3

Report for the: _____ Year: _____

FEES DUE FROM THE CAMP/CLINIC OPERATOR

ATHLETIC ASSOCIATION BILLING

UGAAA controlled facilities:

Total Number of Campers: _____ x \$3 = _____

