



University of Georgia Compliance Office

Non-Institutional Camp (Coach) Approval

To be completed by the UGA Coach:

Coach's Name: _____

Name of Camp: _____

Date of Camp: _____

Location of Camp: _____

Individual/Company Administering the Camp: _____

Does this camp take place in a quiet or dead period? _____ Yes _____ No

Signature

Date

To be completed by the Camp Owner:

1. Is the camp/clinic open to the public and publicized in such a manner? _____ Yes _____ No

2. How is this camp being publicized? Website: _____

Please attach flyers or emails.

3. Is there a charge to participate in the camp (e.g campers)? _____ Yes _____ No

If Yes, how much? _____

If Yes, are you providing any free or reduced admission to the camp to individuals in high school?
_____ Yes _____ No

4. Is the camp employing any high school students? _____ Yes _____ No

Signature

Date

Compliance Office Use Only: Approved Denied Initials: _____