



GW CAMP/CLINIC/CLUB APPROVAL FORM

Completed form with all required documentation **DUE** no later than 30 days prior to camp, clinic or club date.

Sport: _____

Camp Director: _____

Camp/Clinic Dates requested: 1) _____ 3) _____

2) _____ 4) _____

PROJECTED EXPENSES

1. Administrative Fees \$150 for each 1 week camp \$ _____ (Line 1)
\$50 for each 1 or 2 day (consecutive days) clinics \$ _____ (Line 2)

2. Employee Salaries Fringe
Session 1 (Line A) \$ _____ X 8.30% \$ _____ (Line E)
Session 2 (Line B) \$ _____ X 8.30% \$ _____ (Line F)
Session 3 (Line C) \$ _____ X 8.30% \$ _____ (Line G)
Session 4 (Line D) \$ _____ X 8.30% \$ _____ (Line H)

Total Projected Salary \$ _____ Plus Fringe \$ _____ Equals \$ _____ (Line 3)
(Add lines A - D) (Add lines E - H) **Total Projected Salaries**

3. Background Checks: _____ (# needed) X \$38.50 Equals \$ _____ (Line 4)

4. Equipment \$ _____ (Line 5)

5. Advertising/Printing (e.g., brochures, flyers, etc.) \$ _____ (Line 6)

6. T-Shirts \$ _____ (Line 7)

7. Awards/Mementos \$ _____ (Line 8)

8. Facilities Description: _____
Description: _____ \$ _____ (Line 9)

8. Meal/Lodging Expenses (day or overnight camps) \$ _____ (Line 10)

9. Total Miscellaneous Expenses (e.g., supplies, postage, entertainment, etc.) \$ _____ (Line 11)

TOTAL PROJECTED EXPENSES \$ _____ (Line 12)
(Add lines 1-11)

PROJECTED REVENUES

1. Total Participant Revenue # campers _____ X camp/club fee \$ _____ Equals \$ _____ (Line 13)

2. Concessions (t-shirt, food, etc. sales) \$ _____ (Line 14)

3. Other Income (Cash Donations/Sponsorships, Gifts-In-Kind, etc.)
Description: _____ \$ _____ (Line 15)

TOTAL PROJECTED REVENUE \$ _____ (Line 16)
(Add lines 13-15)

Total Projected Revenue (line 16) \$ _____ X 10% Gross Fee Equals \$ _____ (Line 17)

PROJECTED NET CAMP REVENUE Total Revenue \$ _____ (Line 16)

Less 10% Gross Fee \$ _____ (Line 17)

Less Total Expenses \$ _____ (Line 12)

Equals Projected Net Camp Revenue \$ _____

Administrative Use Only (initial and date if APPROVAL granted)

Date Submitted (30 days meet) _____ Date Requests _____ Brochure _____

GW Camp/Clinic/Club Checklist

CAMP INFORMATION (all of the following MUST be attached to approval form at time of submission)

- Staff roster (MUST include full name, current occupation, camp/clinic job title, salary and dates of employment)
- Organizational chart
- Written description of responsibilities for all employees
- Written description of any benefits given to employees (i.e., transportation)
- Written description of room and board arrangements for participants and employees
- Letter from the outside group (e.g., club team, etc) indicating no fee is being charged of the participants for the camp/clinic/club and that they are not paying the coach for the instruction. **IF NO** fee is charged.

EMPLOYEES

- Completed Employment Application submitted no later than 2 weeks prior to the first day of camp to Payroll and Staffing
- Payroll and Staffing e-mail to Camp Director and applicant within 72 hours of receiving applicant indicating required paperwork needed. Completed paperwork due prior to employment start date.
- Background Check notification from American Background to applicant (if applicable).
- Background Check clearance required for hiring (if applicable).
- Completed Camp/Clinic Timesheet for payment.

BROCHURES/FLYERS AND ADS (brochure/flyer MUST be attached to approval form at time of submission)

- Copies of all advertisements, brochures or website links & materials

REGISTRATION

- Application (original and payment MUST be provided to Executive Assistant)
- Informed Consent Form (required prior to participation and original MUST be provided to Executive Assistant)
- Authorization to Release Child form (required if parent is dropping off and picking up participant)
- GW Medical Form (required for all week long and/or overnight camps – MUST be provided to Executive Assistant who will provide it to the trainer on sight prior to participation)

CAMP/CLINIC ACTIVITIES

- Basketball Educational Session (approval from Assistant Athletics Director/Compliance required)