Camps and Clinics

NC State University
Athletics Compliance

Post-Camp Free/Reduced Admission Roster

COACHES: This form should be completed for any free/reduced admissions provided during camp/clinic sessions. This information should reflect accurately in the camp financial report and Camp/Clinic Roster.

Name of Camp Administrator:	Camp/Clinic Name and Dates:

REDUCED/FREE ADMISSION LIST

Camper's Name	Grade/Age	Amount Paid	Reason for Discount

Signature of Head Coach/Camp Director	Date:
Signature of Compliance Office	Date: