Camps and Clinics

NC State University
Athletics Compliance

Post-Camp Refund List

COACHES: This list should be completed for any refunds 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:

REFUND LIST

Camper's Name	Grade/Age	Refund Amount	Reason for Refund

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