September 9, 2010

GEORGE MASON UNIVERSITY
Department of Intercollegiate Athletics

SPORT CAMP and/or INSTRUCTIONAL CLINIC INCOME REPORT

Sport Camp: «Event_Name» **Session:** «Event_Dates»
Camp Director: «Event_Director» **Telephone:** «Telephone»

	NUMBER OF PARTICIPANTS		FEE		TOTAL
Commuter Campers		X	$	=	$
Commuter Discount (if applicable)		X	$	=	$
Resident Campers (Overnight)		X	$	=	$
Resident Discount (if applicable)		X	$	=	$
No Tuition Charged		X	**$	=	$
				TOTAL INCOME	$

** The ***standard*** camp charge should be entered, regardless of whether the «Event_Name» charged the participant or not.

«Event_Director», Director of «Event_Name» Date

Ryan Jones, Asst. Mgr, RSC/Event Coordinator Date