September 9, 2010

GEORGE MASON UNIVERSITY

Department of Intercollegiate Athletics

SPORT CAMP and/or INSTRUCTIONAL CLINIC STUDENT ATHLETE EMPLOYEE APPROVAL

***** MUST BE APPROVED PRIOR TO CAMP *****

Sport Camp: «Event_Name» **Session:** «Event_Dates»

Camp Director: «Event_Director» **Telephone:** «Telephone»

ATHLETE'S NAME	SPORT PLAYED	CAMP POSITION	CAMP COMPENSATION	APPROVED	
				YES	NO

Requested By:

«Event_Director», «Event_Name» Date

Approved By:

Paul Bowden, Associate AD, Compliance Date

Ryan Jones, Assistant Mgr, Event Coordinator Date