

POST-CAMP/CLINIC REGISTRATION

University of Miami Compliance

Coaches: This portion of the form is to assess the general aspects of the camps and clinics that have been completed. Please make sure general information is the same as input on the pre-camp forms to make it easier to match up. Fill out the form in its entirety.

CAMP INFORMATION

Name of Camp: _____ Sport: _____

Dates of Operation: _____ to _____ Start Time: _____ End Time _____

Is this a Weekly Re-Occurring Camp: ☐ Yes ☐ No Day of the Week Camp Occurs: _____

Location: _____ Camp Director: _____

REGISTRATION LIST: Fill out this sheet or attach a roster that depicts all information within the table below.

Cost of Camp for Individual: _____ Awards, Gifts, Mementos Included in Cost?: _____

[illegible]

Total Discount/Refunds: _____

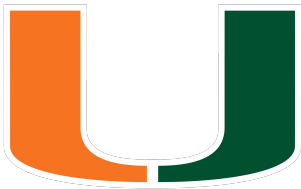
Were Any Checks Returned for Insufficient Funds?: _____ Yes _____ No

Coach Name Printed _____

Coach Signature

Date Signed _____

Compliance
Approval



POST-CAMP/CLINIC EMPLOYMENT INFORMATION

University of Miami Compliance

Coaches: This portion of the form is to provide detailed information concerning the compensation and work completed for all who were employed at the camp.

CAMP INFORMATION

Name of Camp: Sport: Dates of Operation: to Camp Director:

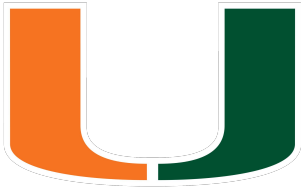
EMPLOYEE DETAILS: Fill out this sheet or attach a roster that depicts all information within the table below.

Yes No

All employees were analyzed for IAWRP purposes? Employees, of like teaching ability and experience, were paid a rate commensurate with that experience.

Employee Name	Type of Employee	Job Title	Wage Description (\$/Hr , \$/Day)	Total Final Compensation	School Affiliation

If not all paid same rate, please explain discrepancies:



AWARDS, GIFTS, AND MOMENTOS

University of Miami Compliance

Coaches: This portion of the form is to provide detailed information concerning the awards, gifts, and mementos given to campers who attended the camp.

CAMP INFORMATION

Name of Camp: _____ Sport: _____

Dates of Operation: _____ to _____ Camp Director: _____

AWARD, GIFT, MEMENTO DETAILS: Fill out this sheet or attach a roster that depicts all information within the table below.

Yes No

Were there gifts or mementos that all campers received part of the registration cost of the camp?

Gift or Memento	Vendor	Cost

Yes No

Did individual campers earn any awards during the camp based on objective criteria?

Camper Name	Award Name	Purpose for Award	What was the Award? (trophy, plaque, medal)	Cost of Award

Coach Name Printed

Coach Signature

Date Signed

Compliance
Approval

Name of Camp Administrator

Camp/Clinic Name and Dates

Financial Report

Registration Revenue

	Number	Total Revenue
Resident Campers:		\$
Commuter Campers:		\$
Totals of Above:		\$

Concession Revenue

Type/Item	Number	Total Revenue
		\$
		\$
Totals of Above:		\$

Registration Revenue Subtotal	\$	+	Concession Revenue Subtotal	\$	=	Total Revenue	\$
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Expenditures

Total Cost

Advertising	\$
Brochures	\$
Mail/Postage	\$
Expendable/Office Supplies	\$
Food Items/Meals	\$
Concession Items	\$
Gifts/Awards to Campers (T-shirts, trophies, etc.)	\$
Local Transportation	\$
Other:	\$

Expenditures

Total Cost

Staff Salaries	\$
Staff Transportation (airfare, mileage, etc.)	\$
Staff Lodging	\$
Resident Camper Lodging	\$
Facility Rental	\$
Other Facility/Equipment	\$
Insurance	\$
Other:	\$
Other:	\$

Total Expenditures:		\$
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Total Revenue	\$	-	Total Expenditures	\$	=	Total Profit/Loss for Camp	\$
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Explain any discrepancies not otherwise accounted: _____

Signature of Head Coach/Camp Director

Date

Signature of Compliance Office

Date