

# Spartanburg School District Five

## Athletic Camp Approval Form

Type of Camp: \_\_\_\_\_

Camp Location (School & Facility): \_\_\_\_\_

Camp Dates: \_\_\_\_\_ Beginning: \_\_\_\_\_  
Ending: \_\_\_\_\_

Camp Hours: \_\_\_\_\_

Employees Conducting Camp: \_\_\_\_\_

Anticipated # of Camp Participants: \_\_\_\_\_

Camp Fee: \_\_\_\_\_

Anticipated Revenue: \_\_\_\_\_

Anticipated Expenditures (Itemize):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

(Accident Insurance Required): \_\_\_\_\_

Insurance Company Name & Policy #: \_\_\_\_\_

Amount of Insurance: \_\_\_\_\_

### SIGNATURES REQUIRED FOR CAMP APPROVAL

Camp Sponsor: \_\_\_\_\_

School Where Sponsor is Employed: \_\_\_\_\_

\_\_\_\_\_  
*Principal's Signature*

\_\_\_\_\_  
*Athletic Director's Signature*