



2015 RECREATION COUNCIL
SUMMER CAMP/CLINIC APPROVAL FORM

Name of Camp: _____

Sponsoring Council: _____

Location: _____ UOF Requested [] Yes [] No

Dates: _____ start _____ end

Time: _____ start _____ end

Age Range: _____ to _____

Minimum participants: _____ Maximum Participants: _____

Type of activity or activities offered: _____

Brief description of the camp: _____

Instructors Name(s):

How paid?

Volunteers Used?

Estimated Hours?

[] [] completed code of conduct

[] completed volunteer application