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