

LSU COMPLIANCE

REIMBURSEMENT OF CAMP FEES APPROVAL FORM

A written policy must exist in the camp brochure in order to offer pro-ration or reimbursement of camp fees.

Sport _____			Name of Camp (e.g., Elite Camp) _____			Date(s) of Camp _____		
Name of Camper Receiving Pro-Ration or Reimbursement of Camp Fees _____				Camper's Age _____		Grade Entering in Fall _____		
Reason for Camper to Receive Pro-Ration or Reimbursement of Fees (e.g., injury, time conflict, etc.) _____ _____								
Date Camper Started Camp _____			Date Camper Ended Camp _____					
Cost of Camp _____			Non-Refundable/Cancellation Fee _____					
Amount Camper Paid _____			Amount to Return to Camper _____					
Returns To Camper: Check One								
<input type="checkbox"/> Allocate Credit to Account			<input type="checkbox"/> Return to Original Method of Payment (i.e., credit card on file)					

Signature of Head Coach or Designee _____ Date _____

FOR COMPLIANCE USE ONLY

APPROVED _____
Comments _____

DENIED _____
Compliance Office Signature _____ Date _____