

PATTONVILLE HIGH SCHOOL SPONSORED CAMP/CLINIC

Financial Statement

School: _____

Sport/Activity: _____

Dates Held: _____ to _____ Time Frame: _____

Receipts: Camp Fee: \$ _____ Late Fee: _____

Number of Participants: _____

Sub-Total Receipts: + \$ _____ **Late Fee:** \$ _____

Equipment needed: _____

Length of program: _____

Participant cost: _____ Will insurance be required: _____

Please attach a copy of the information you would like used to advertise the program (flyer if you have one prepared).

Applicant Signature

Signature -- Assistant Principal, Athletics/Activities

Approved: _____

Date: _____

Not Approved: _____

Date: _____

- Copy 1 -- High School Assistant Principal, Athletic/Activities
- Copy 2 -- Principal in charge of facilities for summer program
- Copy 3 -- Applicant

Adopted: August 28, 1984
 Revised: February 27, 1986
 Revised: April 8, 1997
 Revised: February 26, 2002
 Revised: May 27, 2008