

HBUHSD CAMP/CLINIC ACTIVITY CONTRACT

Please check one: School-related (club, team, etc.) _____
 School support group (Boosters, etc.) _____
 Non-profit youth group (Little League, AYSO, etc.) _____
 Recreation Department _____

Name, Supervisor of Activity: _____

Address: _____

Telephone: _____

Name of Activity: _____

Facilities to be used (Civic Permit Facilities Use #): _____

Insurance requirements:

_____ not required for school sponsored activities with Board approval

_____ required for non-school sponsored activities

Dates and times of activity: _____

Age group of participants: _____ Cost per participant: _____

Disbursement of funds: _____

Names of persons assisting in the activity (if any): _____

I will adhere to CIF, district, and local site regulations.

Signature, Camp/Clinic Activity Supervisor

I approve the above contract and will submit it to the Site Athletic Director. It will then be forward to the Board of Trustees for approval.

Signature, Principal (or designee)

HBUHSD CAMP/CLINIC ACTIVITY CONTRACT_____
(Year)_____
Camp/Clinic Activity Supervisor (Please print)_____
School

Name of Activity: _____

Number of students participating..... _____

Enrollment Fee (Cost per student)..... _____

Income from Other Sources..... _____

DISBURSEMENT OF INCOME

Facility Costs _____

Equipment _____

Supplies _____

Salaries _____

Unexpended Funds (In ASB for future expenditures)... _____

CAMP/CLINIC ACTIVITY SUPERVISOR: _____
SignatureSCHOOL ATHLETIC DIRECTOR: _____
SignaturePRINCIPAL (OR DESIGNEE): _____
Signature