

ST. CLAIR COUNTY SCHOOLS

APPLICATION TO CONDUCT A CAMP OR SIMILAR ACTIVITY

Application is hereby made by _____, hereinafter referred to as Event Coordinator, for permission to hold a Camp, as defined in the St. Clair County School Policy and Procedure Manual, at _____ school.

Name of Camp _____

Beginning date & time _____ Ending date & time _____

From _____ am/pm To _____ am/pm

(A copy of the registration form/camp brochure must be attached to this application)

PURPOSE AND NATURE OF THE CAMP

PARTICIPATION: (please check one)

St. Clair County Students Only () _____ estimated number

Students participating on a individual basis () _____ estimated number

Students representing schools other than SCCBOE participating on an individual basis () _____ estimated number

Teams representing schools or groups other than SCCBOE () _____ estimated number

PARTICIPATION FEE REVENUE:

Fee charges per individual _____ x _____ estimated number = _____ (a)

Fee charges per team _____ x _____ estimated number = _____ (b)

(If a discount is offered for early registration or a penalty is charged for late registration indicate below)

Early registration fee _____ Late registration fee _____

SPONSORS AND OTHER SOURCES OF REVENUE:

List all other anticipated sources of revenue (in-kind contributions, t-shirts/apparel, snacks, etc.)

Sponsor/Other Source	\$ value of contribution
_____	_____
_____	_____

TOTAL _____ (c)

ANTICIPATED EXPENSES:

List all expenses related to the Camp, excluding payment to SCCBOE employees

Vendor	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL	_____ (d)

SUMMARY OF ANTICIPATED REVENUES AND EXPENSES:

Total Anticipated Revenues (a+b+c)	_____
Total Anticipated Expenses (d)	_____
Administrative and Facility Use Fee (if applicable)	_____
Anticipated Net Proceeds	_____

CAMP STAFF: (please check all that apply)

- SCCBOE employees (12 month) () _____ number
- SCCBOE employees (10 month) () _____ number
- SCCBOE employees (9 month) () _____ number
- Non-Exempt SCCBOE employees () _____ number
- Non-SCCBOE employees () _____ number
- Student Assistants () _____ number
- Consultants/Professional () _____ number

A list of Camp Staff must be attached to this application.

Background checks are required for Camp Staff that are not employees of SCCBOE.