



# BMCHS Athletics

## Camps Request Form

Andy Hughes, Athletic Director

Phone: 775-336-6046

Fax: 775-336-6015

[www.bishopmanogue.org](http://www.bishopmanogue.org)

## 2016-17 Camp Application

All athletic teams planning to host a youth camp or team camp at Bishop Manogue must propose their plans and receive approval from the athletic department by completing the following application. Camp proposals should be turned in at least four weeks prior to the proposed date of your event.

The application should include all of your proposed camps for the 2015-16 school year. Each activity needs to be listed on a separate "Camps Request Form".

### Application Checklist:

1. Complete this form with all necessary information and signatures.
2. Attach a "Camps Request Form" for each proposed event.
3. Complete the "Camps Financial Report" form within one week of the conclusion of each event, documenting expenses and how net income will be spent.

*Applications must be signed by the Athletic Director or Athletic Administrator.*

Team: \_\_\_\_\_

Coach Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

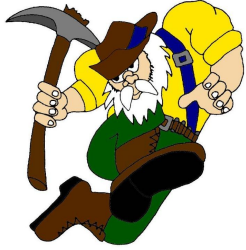
Number of "Camp Request Forms" attached: \_\_\_\_\_

\_\_\_\_\_  
Coach Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athletic Director / Athletic Admin Signature

\_\_\_\_\_  
Date



# BMCHS Camps Request Form

Team Name: \_\_\_\_\_

Coach Name: \_\_\_\_\_

Type of event: \_\_\_\_\_

Purpose of fundraiser: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of event: \_\_\_\_\_

Individual in charge: \_\_\_\_\_

List of Coaches / Volunteers – Please indicate completion of Protecting God’s Children and Background Consent Form:

- |       |                              |  |
|-------|------------------------------|--|
| _____ | <input type="checkbox"/> PGC | <input type="checkbox"/> Background Form |
| _____ | <input type="checkbox"/> PGC | <input type="checkbox"/> Background Form |
| _____ | <input type="checkbox"/> PGC | <input type="checkbox"/> Background Form |
| _____ | <input type="checkbox"/> PGC | <input type="checkbox"/> Background Form |

Estimated duration of event: \_\_\_\_\_

Facilities requested: \_\_\_\_\_

Cost to Participants: \$ \_\_\_\_\_

Anticipated Proceeds: \$ \_\_\_\_\_

Where funds are to be applied: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Coach Signature

\_\_\_\_\_  
Date



# Camps Financial Report

Team Name: \_\_\_\_\_

Coach Name: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Description of Event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of camp participants: \_\_\_\_\_

Roster of camp participants attached

Cost to Participants: \$ \_\_\_\_\_

Donations received: \$ \_\_\_\_\_

Gross amount raised: \$ \_\_\_\_\_

Expenses: \$ \_\_\_\_\_

Net Income: \$ \_\_\_\_\_

Describe how the money (net income) will be spent. Please note that 10 percent of net income must be applied to facilities and a minimum of 10 percent of net income must be applied to the team fund.

Facilities: \$ \_\_\_\_\_

Team Fund: \$ \_\_\_\_\_

Coaching Stipends: \$ \_\_\_\_\_

Other (please describe): \$ \_\_\_\_\_

\_\_\_\_\_  
Coach Signature

\_\_\_\_\_  
Date

*Complete and return this form within one week of the completion of your camp.*