

**OOLOGAH-TALALA PUBLIC SCHOOLS**  
**REQUEST FOR SUMMER CAMP OR ACTIVITY**  
**(COMPLETE AND RETURN TO ATHLETIC OFFICE)**

COACH SUBMITTING REQUEST: \_\_\_\_\_

SPORT: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_

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DATE OF CAMP OR ACTIVITY: \_\_\_\_\_

NAME OF CAMP: \_\_\_\_\_

COST OF THE CAMP/STUDENT/TEAM: \_\_\_\_\_

ESTIMATED EXPENSES: \_\_\_\_\_ ESTIMATED NET PROFIT: \_\_\_\_\_

HAS THE CAMP BEEN SANCTIONED BY THE OSSAA? YES NO

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LENGTH OF CAMP: NUMBER OF DAYS \_\_\_\_\_

NUMBER OF HOURS \_\_\_\_\_

START TIME EACH DAY \_\_\_\_\_

WILL THERE BE A CONCESSION STAND? YES NO

WHO WILL OPERATE IT? \_\_\_\_\_

WHO WILL RECEIVE THE PROCEEDS FROM THE CONCESSION STAND? \_\_\_\_\_

WHO WILL RECEIVE THE PROCEEDS FROM THE CAMP? \_\_\_\_\_

WHO IS THE CAMP COORDINATOR? \_\_\_\_\_

LIST ANY COACHES WORKING THE CAMP

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