THE UNIVERSITY OF SOUTH DAKOTA
DEPARTMENT OF ATHLETICS

FREE OR REDUCED ADMISSION LIST

SPORT:_____

Date(s) of Camp/Clinic:_____

Name of Camper/Group	Free or Reduced Admission Privileges – Please Indicate Amount of Reduction	Camp Session	Fee Explanation*

_____
Name of Camp

_____ _____
Camp Director Signature Date

_____ _____
Compliance Office Signature Date

* Indicate whether: (1) Child of athletics department staff member working camp ("CAD");
(2) Group discount ("GD"); or (3) Other ("O" – please explain).