

# LSU COMPLIANCE

## INSTITUTIONAL COACHES CLINIC PRE-APPROVAL FORM

This form must be submitted and approved by the Compliance Office prior to the announcement of any LSU Coaches Clinic.

Name of the Institutional Coaches Clinic \_\_\_\_\_ Sport \_\_\_\_\_

Name of Clinic Director/Contact \_\_\_\_\_ Contact Phone Number \_\_\_\_\_ Contact E-mail Address/Fax Number \_\_\_\_\_

Clinic Date(s) \_\_\_\_\_ Location of Camp/Clinic \_\_\_\_\_ Web Address for Clinic Registration \_\_\_\_\_

Total Cost of the Coaches Clinic \_\_\_\_\_ Total Cost per Attendee \_\_\_\_\_ Fee To Attend Coaches Clinic \_\_\_\_\_

Sponsors of the Coaches Clinic \_\_\_\_\_

Will you be providing any expenses to guest lectures of the coaches clinic?  Yes  No

If yes, please indicate the expenses (e.g., stipend, airfare, etc.) and attach expense breakdown: \_\_\_\_\_

Are meals going to be served in conjunction with the coaches clinic?  Yes  No

If yes, please indicate the meals and attach an expense breakdown: \_\_\_\_\_

Do you plan to advertise the coaches clinic through website or brochure (or other paper format)?  Yes  No

If yes, please attach any possible advertisements for approval: \_\_\_\_\_

Will materials (e.g., clipboard, folders) be provided to each person attending the coaches clinic?  Yes  No

If yes, please indicate the materials and attach an expense breakdown: \_\_\_\_\_

**All attendees must register for the coaches clinic through the Active system.**

***By signing below, I confirm the above information to be accurate and truthful. If at any point, a change is made to the information provided on this form, I will notify the Compliance Office immediately. In addition, I will not advertise the proposed coaches clinic until approval is granted by the Compliance Office.***

Clinic Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR COMPLIANCE USE ONLY

**APPROVED**

**DENIED**

\_\_\_\_\_  
**Compliance Office Signature**

\_\_\_\_\_  
**Date**