

**Clarksville-Montgomery County School System  
Request for Summer Camp Approval Form**

Camp Sponsor:	
Contact Person:	Telephone Number:
Type of Activity:	Billing Address:
Location:	
Date(s):	Time:
Number of Participants:	Fees: \$ _____

Is a school system employee receiving compensation for services?  Yes  No

\*If yes, requires Director/Designee approval.

School to share in proceeds?  Yes  No

Dollar amount/percentage \_\_\_\_\_ School group to receive proceeds \_\_\_\_\_

Handling of Funds: School ISA Account  Yes  No

Other school organization  Yes  No

<b>**Estimated Budget</b>			
Projected Revenue:	Number of participants x Fee Charged	_____	
	Donations	_____	_____
	Other	_____	_____
Total Revenue:			_____
Projected Expenses:	List: Example T-Shirts, Refreshments		
	_____	_____	
	_____	_____	
	_____	_____	
	School's Share		_____
*Salary Supplements:	Employee Name		
	_____	_____	
	_____	_____	
	_____	_____	
Total Expenses:			_____

\*Note: Salary supplements including matching taxes much be paid through the payroll department.

\*\*Financial report required upon completion of camp, ref Form No. ISA-F012.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Principal Approval \_\_\_\_\_ Date \_\_\_\_\_

School Support Coordinator Approval \_\_\_\_\_ Date \_\_\_\_\_

Director/Designee Approval \_\_\_\_\_ Date \_\_\_\_\_