

**Youth Activities, Pre-Collegiate Programs and Camps at Iowa State University  
Registration Form for ISU Athletics Third Party Camps and Clinics**

**Name of Third Party Organization/LLC:** \_\_\_\_\_

**Name of Camp/Clinic:** \_\_\_\_\_

**Program Type:**

- Continuous - Offered on an ongoing basis (regularly repeating or by appointment only, throughout the semester/year)
- Specific – Single event(s) scheduled on a specific date(s)

**Program Description:**

**ISU facilities to be used:**

**Targeted Age Groups:** \* (Select all that apply)

- Pre-Kindergarten       3<sup>rd</sup>-5<sup>th</sup> Grades       9<sup>th</sup>-12<sup>th</sup> Grades
- K-2<sup>nd</sup> Grades       6<sup>th</sup>- 8<sup>th</sup> Grades

Program Begin Date (m/d/y)	Program End Date (m/d/y)	Web publication start date (m/d/y)	Web publication end date (m/d/y)	Program Fee \$ Amount	Overnight stay option (Y/N)	Estimated number of youth participants	Estimated number of program staff

