



Youth Camp and Clinic Audit Report Form

This audit is to be completed within 30 days following the end of your camp/clinic sessions reported on your original enrollment form. Roster of camper names must be included for each session.

Please retain a copy for your records.

GENERAL INFORMATION	Named insured (as it appears on your certificate of insurance): _____
	Policy number (as it appears on your certificate of insurance): _____
	Mailing address: _____
	City: _____ State: _____ Zip: _____
	Contact name: _____ Phone: (____) _____
	Cell: (____) _____ Fax: (____) _____
	E-mail: _____ Website: _____

EXPOSURE INFORMATION	Rates - Class 1 & 2		Refer to brochure for applicable rates or contact us				
	Minimum Premiums:		\$ 240.00	\$ 360.00			
	List All Sessions Individually	Type of Sport/Camp	Rate	X	Actual # of Campers/Participants	=	Premium
	Date(s): _____ Location: _____ Hours of Operation: _____		\$	X		=	\$
	Date(s): _____ Location: _____ Hours of Operation: _____		\$	X		=	\$
	Date(s): _____ Location: _____ Hours of Operation: _____		\$	X		=	\$
	Date(s): _____ Location: _____ Hours of Operation: _____		\$	X		=	\$
	Premium Due: Add all premium lines above to obtain premium due						\$
	Premium Paid with Original Enrollment Form						\$
	<input type="radio"/> Refund Due = \$ _____ <input type="radio"/> Payment Due* = \$ _____						
Please note: <ul style="list-style-type: none"> • Refunds are not available if only the minimum premium was paid • Dues less than \$15 are waived • Refunds/credits less than \$15 will be applied towards the deposit premium and will not be refunded 							

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