# ALASKA SWIMMING
# CAMP LETTER OF INTENT

**Host Club or Host Area:**

**Camp Director/Organizer:**
**Director's email address:**
**Director's phone number:**
**Director's mailing address:**

**Camp Dates:**

**Camp Location:**

**Camp Name / type of Camp:**

**Name of Camp Instructor and/or Clinician:**

**Explanation of Camp/Clinic Content:**

**Within 30 days of the completion** of the camp/clinic the Director needs to send a completed **CAMP RECAP FORM** to :

Holli Watkins
holli@erickwatkins.com

**Important Information:**

~Only ASI registered Clubs in good standing may apply for a Club Camp/Clinic . Any of the four Areas may apply for an Area Camp/Clinic. Area Camps. There is a limit of one camp per club/area per year.

~If the Host Club or Host Area fails to run the Camp/Clinic during the calendar year, the funds must be returned to ASI by January 15th of the next calendar year.

~A Club that hosts a "Catch the Spirit" 4-hour Camp for their club will receive $100.

~A Club that hosts a 4-6 hour Club Camp utilizing Non-Home Coaches/Clinicians will receive $250.

~A Club that hosts a 6 or more hour Club Camp utilizing out-of-state Coaches/Clinicians will receive $500.

~An Area that hosts a 6 or more Area Camp* will receive $1000.

*Area Camps must be open to any ASI registered club in that Area, as defined by the Area Membership section of the Alaska Swimming Swim Guide.