MARIST COLLEGE

Sports Camp/Clinic Staff

Authorization to Work Form

(Due no later than Friday prior to the start of the camp week)

Camp	Camp Date	Camp Date		
	Please list the following information for ALL members of the camp staff: 1. Name 2. Staff position (counselor, administrator, etc.) 3. Occupation (high school coach, college student – including College name, etc.) 4. Salary			
Name	Position Occu	upation	Salary	
	FOR OFFICIAL USE ONLY			
	The above employees have been authorized to work for the	e week indicated.		
	Associate Athletics Director for Compliance:			