

Quakertown Community School District

2019 Athletic Camps, Tournaments, Leagues, Clinics And Similar Activities INSTRUCTIONS & APPLICATION

The Quakertown Community School District (QCSD) recognizes the importance of hosting certain extracurricular camps and similar activities for athletic programs. QCSD believes that these types of events provide children with an opportunity to develop skills and talents in a safe and nurturing environment.

Athletic Camps and Similar Activities (Camp): Defined as any athletic activity, involving students either from QCSD or other schools where skills are taught, developed, enhanced or utilized under the direction of a QCSD employee or coach or other adult leader. Events that are considered to be a fundraiser to support a program at the school will be considered a Camp for approval and accounting purposes.

APPROVAL

Accordingly, all camps or similar activities (Camp) must be preapproved. To do so, submit an online electronic Facilities Scheduling Request to make sure the facility is available for use (go to www.qcsc.org → Administration → Facilities → Use of Facilities at QCSD). Once you have confirmed that space is available for the camp you will fill out the attached Camp Application (completed as follows) and submit to the Athletic Director for 1st line of approval.

All applicable District Policies, Regulations along with the accompanying Camp Procedures are to be complied with completely; adherence will be monitored and subject to periodic audits.

Any questions you have regarding scheduling, please call the Facilities Department at (215) 529-2009 or the High School Athletic Office at (215) 529-2079.

PROJECTED Revenues (Budget Column)

- List ALL money that you expect to collect for the camp, such as the Participation Fee, etc.
- Provide the Total Revenues

PROJECTED Expenses (Budget Column)

- List all supplies and equipment that you expect to purchase and the cost.
- List each individual who will be paid to work at the camp, the total hours they will work and the amount they will be paid.
 - All Non-Professional individuals being paid will be subject to 1099 reporting requirements.
 - **QCSD Professional Staff** receiving compensation for working a Camp shall be paid through QCSD Payroll based upon the appropriate curriculum rate as noted below. A maximum of ½ hour of prep time is permitted for each hour of camp, for one coach.
 - ❖ Payroll taxes must be added to the curriculum rate. Therefore, the following hourly rates must be used for **Professional Staff**:
 - 2018-2019: $32.08 + 6.59 = \$38.67$ /Hour
 - 2019-2020: $32.32 + 6.78 = \$39.10$ /Hour (**Subject to Change**)
 - ❖ **Booster Club & Student Activity Accounts** are required to reimburse the QCSD Payroll Account for **Professional Staff**
 - ❖ Provide the Total Expenses.
 - **Clearances**: Background checks will be required for any Coach/Staff Personnel working at a Camp who are not employees of QCSD. If the Camp is paying the cost of the background check(s), this should be included in the Expenses.
 - ❖ The payments for these services follow the same procedures as previously outlined.
- **Administrative and Custodial Use Fees**: Camps will be charged for Security, Grounds and Custodial Services in the event such services will be required above and beyond what would normally be available on the school campus at the time of the Camp.

- All Net Proceeds shall be transferred to the benefit of the applicable Athletic Program Booster Club or Student Activity Account.
- Usage of Facilities - Group 1 Camps – 10% Donation: 10% of Gross Proceeds, if any, will be paid to the District once all accounts and expenses related to the Camp have been settled and the Gross Proceeds have been reviewed and verified by the Business Office. Failure to comply with the 10% Donation request will procedures related to Camps In the event the 10% is not paid to the District in exchange for free Usage of Facilities, will result in a forfeiture of all additional compensation that might otherwise be paid to the Event Coordinator and denial of any future Usage of Facilities Requests of the particular group (or its associates) until the fee has been paid in full.
- If Paying Expenses from A Student Activity Account:
 - REQUISITIONS MUST BE DONE FOR ALL EXPENSES
 - Form W-9: Must be completed by the Vendor/Individual prior to them receiving their first payment. Completing this form insures that all necessary information is available for the proper filing of a form 1099 for the individual/company.
 - ❖ Note: Even though a service might be performed by someone with a company name does not mean that they are operating with a business license or have a separate tax id number. Both individuals and companies are required to complete the W-9 form.
 - Purchaser's Reimbursement: If requesting reimbursement for expenses paid on behalf of the Camp, a properly completed P.O. is to be submitted prior to making the purchase. The actual receipt/invoice should be signed signifying that the goods purchased have been received and turned in to the Business Office.
 - Sales Tax: QCSD is exempt from paying sales tax. A signed P.O. MUST be presented to the vendor when items are purchased. Schools will NOT pay sales tax for a purchase, NOR will they reimburse an individual/organization for any sales tax paid on behalf of the school.
 - ❖ It is the responsible of the Event Coordinator to make purchasers should be aware that they will not be reimbursed for any sales tax paid.
 - A CREDIT CARD STATEMENT IS NOT SUFFICIENT DOCUMENTATION FOR REIMBURSEMENT.

POST-CAMP PROCEDURES

ACTUAL REVENUES AND EXPENSES

- Upon completion of the Camp, fill in the Actual Participation Numbers, Revenues and Expenses in the on the application and submit it to the Business Office with all requisition copies and Timesheets.
-

ACKNOWLEDGEMENT (Event Coordinator)

Each Camp will designate an Event Coordinator. The Event Coordinator must be an employee of QCSD and will be responsible for the Camp's coordination, execution and compliance with QCSD policy.

I have read and understand the above instructions and agree to abide by all applicable District Policies, Regulations along with the accompanying Camp Procedures outlined herein:

Initial: _____ **Date:** _____

This Form Must be Initialed Before the Camp Application on the Following Page will be Reviewed for Approval

APPLICATION BEGINS →

2019 Application to Conduct Athletic Camps, Tournaments, Leagues & Similar Activities

Application is hereby made by _____, hereinafter referred to as 'Event Coordinator', for permission to hold an Athletic Camp, at Quakertown Community School District.

Name of **2019** Camp _____

Beginning Date & Time of **2019** Camp _____ (AM) / (PM)

Ending Date & Time of **2019** Camp _____ (AM) / (PM)

Name of Event Coordinator _____

Email & Telephone of Event Coordinator _____ / _____

PURPOSE & NATURE OF CAMP

- Provide a Full Description of the Camp and what you hope to achieve by providing it.

[A Copy of the Registration Form/Camp Flyer Must be attached to this Application. Submit an Electronic Copy of the Flyer to ndelgueric@qcsd.org. This will be posted on the District website]

USE OF NET PROCEEDS

- Provide a Description of what the Net Proceeds will be used for

CAMP STAFF: (Please Check All that Apply)

	Number	Clearances [INTERNAL USE]
QCSD Professional Staff	() _____	(Y) / (N)
QCSD Non-Professional Staff	() _____	(Y) / (N)
Student Assistants	() _____	(Y) / (N)
Consultants/Professionals	() _____	(Y) / (N)
Non-QCSD Assistants/Volunteers	() _____	(Y) / (N)

[A Camp Staff List must be attached to this application. Clearances are required for Camp Staff that are not employees of QCSD]

PARTICIPATION: (Please Check All that Apply)

		Estimated	Actual
QCSD Students (Individual Basis)	()	_____	_____
Non-QCSD Students (Individual Basis)	()	_____	_____
QCSD Teams/Groups	()	_____	_____
Non-QCSD Teams/Groups	()	_____	_____

PARTICIPATION FEE REVENUE:

Fee Charge Per:

QCSD Students (Individual Basis): _____ X _____ Estimated Number (Above) = \$ _____ (A)

Non-QCSD Students (Individual Basis): _____ X _____ Estimated Number (Above) = \$ _____ (B)

QCSD Teams/Groups: _____ X _____ Estimated Number (Above) = \$ _____ (C)

Non-QCSD Teams/Groups: _____ X _____ Estimated Number (Above) = \$ _____ (D)

BUDGET WORKSHEET:

ALL REVENUES:

List All Sources of Revenue (In-Kind Contributions, T-Shirts/Apparel, Snacks, Etc.)

Sponsor/Other Source	Estimated (\$)	Actual (\$)
<u>PARTICIPATION FEE REVENUE (A+B+C+D)</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Revenues	\$ _____ (E)	_____

ALL EXPENSES:

List All Expenses Related to the Camp, Including Payments to QCSD Professional Staff Using the Applicable Curriculum Rate

Vendor/Staff	Estimated (\$)	Actual (\$)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Expenses:	\$ _____ (F)	_____

SUMMARY OF REVENUES & EXPENSES:

	Estimated (\$)	Actual (\$)
Total Revenues:	_____ (E)	_____
Total Expenses:	_____ (F)	_____
Gross Proceeds (Revenues Less Operating Exp.)	_____ (G)	_____ (H)
	(G) X 10%	(H) X 10%
<u>Less:</u> 10% Donation to QCSD:	_____ (I)	_____ (J)*
Final Net Proceeds ((G) – (I) / (H) – (J))	_____ (G)	_____ (H)

***The 10% Donation (J) is payable to Quakertown Community School District. This is to be submitted to the Business Office with this completed Camp Application completed in its entirety (Actual Numbers Completed) no later than 30 days following the completion of the Camp.**

APPROVALS

Key Check Points

	Pre-Camp	Post-Camp
_____	Event in FS Direct: (Y) / (N) Form Completed: (Y) / (N) Staff Listed Attached: (Y) / (N) Clearances: (Y) / (N) Event Coordinator: (Y) / (N)	
(1. Sylvia Kalazs, Athletic Director)		
_____	Event in FS Direct: (Y) / (N)	Event Reconciliation in FS Direct: (Y) / (N)
(2. Robert Christine, Director of Facilities)		
_____	Participation: (Y) / (N) E-Copy Camp Flyer: (Y) / (N) Estimates: (Y) / (N)	Actuals: (Y) / (N) Completed Application: (Y) / (N) If S.A.'s, All Expenses Paid: (Y) / (N)
(3. Nicole DelGuerico, Bus. Office/Operations Mgr.)	Camp Flyer Attached: (Y) / (N)	10% Donation: (Y) / (N)**

****Send Copy of Donation to Facilities to Note in Their Vendor File**