

**UCCS ATHLETICS
PRIOR APPROVAL FOR UNATTACHED COMPETITION**

Please provide the name and other information listed below for those student-athletes that you wish to be approved for unattached competition.

	Student-Athlete Name	Competing Unattached	Representing Outside Team	Name of Outside Team	Payment of Expenses (Student-Athlete, Outside Team or UCCS)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

If the student-athlete is receiving expenses from an outside team for the competition you must include documentation from the competition (i.e., event brochure).

Name of event/competition: _____

Location of event/competition: _____

Date(s) of competition: _____

SIGNATURES

Submitted By: _____

Head Coach

_____ Date

Approved By: _____

Compliance Office

_____ Date