



To be completed within one week following a prospect's official paid visit. Please print clearly or type. Complete one form per prospect.

Prospect: _____ Recruiting Coach: _____

Student host(s) for this prospect: _____

Official Visit Began: _____ Official Visit Ended: _____
Date Time Date Time

Individuals who accompanied the prospect (**Specify Name/Relationship to Prospect**): _____

Where did the prospect travel from?
 Home School Competition Site Other _____

Where did the prospect return to?
 Home School Competition Site Other _____

Whose vehicle was used to transport the prospect/guardians during the visit? _____

If prospect traveled to or from campus by automobile (i.e., no air or train travel), please answer the following:

If a Hofstra staff member transported prospect to campus, when was the prospect picked up: _____
Date/Time

If a Hofstra staff member transported prospect after visit, when was the prospect dropped off: _____
Date/Time

If a Hofstra staff member DID NOT transport prospect to or from campus, please answer the following:

Who transported the prospect to campus and from campus? _____
Name/Relationship to prospect

If prospect traveled by air or train, attach a copy of the flight or train itinerary and answer the following questions. Please circle either airport or train to indicate the prospects form of transportation.

Who transported the prospect **to** campus and from **airport** or **train** station? _____

Who transported the prospect **from** campus to the **airport** or **train** station? _____

Date/Time prospect picked up: _____ Date/Time prospect was dropped off: _____

Where did the prospect stay during the visit (ex: Netherlands or off-campus apt.)? _____

Where did those who accompanied the prospect stay during the visit? _____

Non-athletic department personnel who met with prospect during official visit (Attach additional sheets, if necessary):

| Name: | Title: | Date: | Site: |
|-------|--------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

**Meals: Please indicate the location of all meals provided during the visit.
 B-Breakfast, L-Lunch, D-Dinner, S-Snack**

| | Location of Prospect Meals: | Location of Parent/Others' Meals (if different): |
|--------|-----------------------------|--|
| Day 1: | B: _____ | B: _____ |
| _____ | L: _____ | L: _____ |
| Date | D: _____ | D: _____ |
| | S: _____ | S: _____ |
| Day 2: | B: _____ | B: _____ |
| _____ | L: _____ | L: _____ |
| Date | D: _____ | D: _____ |
| | S: _____ | S: _____ |
| Day 3: | B: _____ | B: _____ |
| _____ | L: _____ | L: _____ |
| Date | D: _____ | D: _____ |
| | S: _____ | S: _____ |

Entertainment provided to prospect (include campus events for which comp. admissions were provided):

| Event/Time/Date: | Location: | Additional Persons (include parents) | Cost Per Person: |
|------------------|-----------|--------------------------------------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

By signing below, you affirm that the information included in this Official Visit Record is accurate and correct.

Coach's Signature: _____ Date: _____

| |
|--------------------------------------|
| OFFICE OF COMPLIANCE USE ONLY |
| Reviewed by: _____ |
| Date: _____ |