



CAMPUS VISIT INFORMATION

Recruiting Coach:	Sport:
Name of Prospect:	Prospect's Phone #:
Prospect's Address:	City, State, Zip:
Campus Arrival Date & Time:	Campus Departure Date & Time:
Student-Athlete Host(s):	Owner of car used during visit:

Did anyone accompany the prospect during his/her visit to campus? Yes (complete below) No

Name:	Relationship:
Name:	Relationship:
Name:	Relationship:

TRANSPORTATION TO & FROM CAMPUS

Air*:	Who transported PSA to campus from airport? _____ To airport from campus? _____
Automobile:	<input type="checkbox"/> Prospect Transportation and Mileage Reimbursement Form (please attach)
Other (if direct billed, please explain):	

* Basketball/Football only: Attach up to two flight itineraries for parents/guardians

LODGING

Type of Lodging	Location	Persons
En Route:		
On Campus:		
Off Campus:		

COMPLIMENTARY ADMISSIONS

Were complimentary admissions provided? (If yes, attach Ticket Office Request) Yes No





ENTERTAINMENT

Did the individual(s) accompanying the prospect receive entertainment (*exclude comp. admissions*)? Yes No

Activity:	Location:	Date:
Persons Attended:		Cost:

MEALS

Meal	Cost	Location	Persons at Meal
Date:			
Breakfast			
Lunch			
Dinner			
Snack			

Meal	Cost	Location	Persons at Meal
Date:			
Breakfast			
Lunch			
Dinner			
Snack			

Meal	Cost	Location	Persons at Meal
Date:			
Breakfast			
Lunch			
Dinner			
Snack			

BASKETBALL ONLY: ON-CAMPUS EVALUATION

Did an on-campus evaluation take place during the prospect's visit? Yes (*attach OCE Form*) No

My signature below confirms that I have submitted all accurate information regarding the prospect's visit to campus and that all NCAA, Big 12 and Kansas Athletics Compliance rules were not violated.

Head Coach/Designee Signature:	Date:
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COMPLIANCE USE ONLY

Received by Compliance Office

Compliance Reviewer Initials: _____

Date: _____

