



General Information

Prospect Name: _____ Sport: _____

Arrival date: _____ Arrival time: _____

Departure date: _____ Departure time: _____

How was the prospect transported from the nearest airport/train station/bus station to campus, and who provided that transportation? _____

Was this PSA reimbursed for any travel expenses? Yes or No If so, how much, and for what? _____

Student-Host Name: _____

How was the student host money spent (entertainment, additional meals, etc)? *Please obtain info from host post-visit.*

Day One – Day/Time: _____ Business: _____ On what: _____

Day One – Day/Time: _____ Business: _____ On what: _____

Day Two – Day/Time: _____ Business: _____ On what: _____

Day Two – Day/Time: _____ Business: _____ On what: _____

Did anyone accompany the prospect on the visit? YES NO If yes, please list them below.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Whom did the prospect meet with to satisfy their academic requirement and from what department? (Advisor, faculty member, HAC Coordinator, etc.) _____

Lodging

Was lodging provided to the prospect? YES NO If yes, where? _____

of nights: _____ # of rooms: _____ # of people per room: _____ Total cost: _____

Who else stayed in the room? _____

How was the bill paid? _____

Were incidental expenses included on the bill (if yes, explain)? _____

Complimentary Admissions

Were complimentary admissions provided? YES NO If yes, what event? _____

Who, other than the prospect, received the complimentary admissions?

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____



University of Colorado

Office of Compliance Services

OFFICIAL VISIT SUMMARY

To Be Completed After the Visit

Day one breakfast: Location: _____ Total cost: _____

List anyone, other than the prospect, who attended the meal: _____

Did anyone pay for their own meal? _____

Day one lunch: Location: _____ Total cost: _____

List anyone, other than the prospect, who attended the meal: _____

Did anyone pay for their own meal? _____

Day one dinner: Location: _____ Total cost: _____

List anyone, other than the prospect, who attended the meal: _____

Did anyone pay for their own meal? _____

Day one snack: Location: _____ Total cost: _____

List anyone, other than the prospect, who attended the snack: _____

Did anyone pay for their own snack? _____

Day two breakfast: Location: _____ Total cost: _____

List anyone, other than the prospect, who attended the meal: _____

Did anyone pay for their own meal? _____

Day two lunch: Location: _____ Total cost: _____

List anyone, other than the prospect, who attended the meal: _____

Did anyone pay for their own meal? _____

Day two dinner: Location: _____ Total cost: _____

List anyone, other than the prospect, who attended the meal: _____

Did anyone pay for their own meal? _____

Day two snack: Location: _____ Total cost: _____

List anyone, other than the prospect, who attended the snack: _____

By signing below, I affirm that the information provided on this form is accurate. I am fully aware that improper recruiting behavior may not only affect the prospect's eligibility at the University of Colorado, but may also result in additional penalties placed on me and/or the rest of my coaching staff. All recruiting documentation will be provided to the Office of Compliance Services upon request.

Print Staff Name _____

Sport Program Representative Signature _____

Date _____