



**FLORIDA STATE UNIVERSITY  
WEEKLY CONTACT & EVALUATION SUMMARY**

**Sport:** \_\_\_\_\_

**Coach:** \_\_\_\_\_

**Dates:** \_\_\_\_\_

<u>Name of Prospect/Parent</u>	<u>Evaluation or Contact</u>	<u>DATE/TIME</u>	<u>Persons Present</u>	<u>City/State</u>	<u>Site</u>	<u>School Administrator</u>
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Please fill the name of the school administrator who approved the school site 'contact and/or evaluation'.

I hereby affirm that I have reported herein all 'contact and/or evaluations' with prospects or prospect's parents during the indicated time period. I affirm that I fully complied with all NCAA, Conference and Institutional rules during my recruitment of the above listed prospects and prospect's parents.

Signature of Coach: \_\_\_\_\_

Date: \_\_\_\_\_

Please attach and submit this form with the corresponding travel expense report.

cc: Recruiting Coordinator  
Compliance Office