

OFFICIAL VISITATION FORM

Sport: _____

Name: _____ City: _____ State: _____

Institution Visited: _____ Host: _____

Arrived Campus: _____ Date _____ Time _____
Departed Campus: _____ Date _____ Time _____

Parents/Guardians Making Visit: _____ Yes _____ No

Name(s): _____

Expenses Paid by Prospect: _____ Yes _____ No (If yes, attach receipts)

Explain: _____

I certify that the above information is correct and that I understand it is NOT permissible for me to participate in an athletic tryout/practice in the above named sports, or make use of any university athletic equipment. I understand that NCAA rules state that my parents/legal guardians and my own children are the only persons who are able to receive expenses while in the locale of Saint Louis University while I am on my visit. Any additional persons accompanying me on my visit must pay all of their own expenses.

Prospect's Signature: _____ Date: _____

EXPENSES

I. TRAVEL

1. SLU: \$ _____ Commercial Air \$ _____ Bus/Train \$ _____

2. Personal: Total Miles _____ x _____ \$ _____

II. LOCAL EXPENSES

1. Total Meals: \$ _____

2. Total Entertainment: \$ _____

Passes Provided for Athletic Event(s) _____ Yes _____ No

Event(s) Attended: _____ Date: _____

3. Transportation \$ _____

\$ _____ Courtesy Car Gas \$ _____ Tolls & Parking

\$ _____ Personal Auto (_____ Miles x _____ Rate)

4. Lodging: _____ On-Campus _____ Off-Campus _____ Dorm/Hotel \$ _____

Name of Dorm/Hotel: _____

Hotel Notified of Extra People by: _____

5. Entertainment Funds to Student Host: _____ Yes _____ No \$ _____

I certify that the above information herein is correct:

Coach's Signature: _____ Date: _____

The above information has been reviewed by me:

Athletic Director or Designee Signature: _____ Date: _____