

**TRAVEL LOG FORM**

Office of Athletics Compliance



SPORT: \_\_\_\_\_

COACH: \_\_\_\_\_

DATE(S): \_\_\_\_\_ to \_\_\_\_\_

PAGE: \_\_\_\_\_ of \_\_\_\_\_

NAME OF PROSPECT / OR EVENT	CONTACT / EVALUATION (check one)	TIME ----- DATE	PERSONS PRESENT (Contacts Only) (e.g., parents, guardians, etc)	SCHOOL ----- CITY	SITE (e.g., home, school, tournament, etc.)
	<input type="checkbox"/> C <input type="checkbox"/> E	_____		_____	
	<input type="checkbox"/> C <input type="checkbox"/> E	_____		_____	
	<input type="checkbox"/> C <input type="checkbox"/> E	_____		_____	
	<input type="checkbox"/> C <input type="checkbox"/> E	_____		_____	
	<input type="checkbox"/> C <input type="checkbox"/> E	_____		_____	
	<input type="checkbox"/> C <input type="checkbox"/> E	_____		_____	
	<input type="checkbox"/> C <input type="checkbox"/> E	_____		_____	
	<input type="checkbox"/> C <input type="checkbox"/> E	_____		_____	
	<input type="checkbox"/> C <input type="checkbox"/> E	_____		_____	

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

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

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