

SOUTHERN UTAH UNIVERSITY

Athletic Department

OFFICIAL VISIT SUMMARY

Prospect: Date of Birth/Grad Date:			CAA ID #: _		Sport:	
			igh School	or College currer	ing:	
Visit Start (Date/Time	e):			"Visit End (Date		
Recruiting Coach:						
Individuals Accompa	nying prospect and rela	ationship:				
						-
Home Address:						_
Mode of transportatio	on: Auto (prospect)	Auto (SU	U staff)	Airplane	Bus	Cost:
Accommodation Info	rmation: Hotel	Dorm	Other	Name: _		Cost:
Did prospect/parents/l	legal guardians receive	any meals?	'"""Yes	'""""No		""""Total Cost:
	ease include infor	-		aal racaiyad k	w PSA	
•					•	
	_ ''''''Breakfast		Dinner			
Those in attendance						
Date:	_ '''''Breakfast	Lunch	Dinner	Location: _		
Total Cost of Meal:			Cost			
Those in attendance:_						
_				1112		
	_ '''''' Breakfast		Dinner			
Those in aucidance						
Date:	_ ''''''Breakfast	Lunch	Dinner	"Location:		
Total Cost of Meal:			Cost			
Those in attendance:						



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Date:	_ ''''''Breakfast	Lunch	Dinner	Location: _		
Total Cost of Meal: _			Cost p	er person:		
Those in attendance:_						
Date:	_ '''''Breakfast	Lunch	Dinner	Location: _		
Total Cost of Meal: _			Cost p	er person:		
Those in attendance:_						
Did prospect attend a	ny SUU athletic events?	Ye	s No		Event(s):	
Student-host:						Cost
Miscellaneous Expen	ses: (Please list)					Cost
	d above is truthful and a n to each question. To r					made every effort to obtain violated.
Prospect Signature: _				Date:		
Signature of Coach: _				Date:		
Student Host Signatur	re:			Date:		
Financial Appro	ving Authority					
Printed Name:						
Signature:				Date:		

Please send the completed form to brownt@suu.edu.