

**Mid-Eastern Athletic Conference
Prospect Visitation Record**

NAME: _____

SPORT: _____

ADDRESS: _____

CLASS RANK: _____

GRADE POINT AVE: _____

SAT V _____ M _____

TELEPHONE: _____

ACT _____ COMP _____

SOC. SEC#: _____

HOST: _____

NCAA BYLAWS 13.7 & 13.8 PAID VISIT Y N
 _ _

LTR DATE: _____

ARRIVAL DATE: _____

DEPARTURE DATE: _____

ACCOMPANIED BY OTHER(S) YES _____ NO _____

IF YES: NAME(S) _____ RELATIONSHIP _____

COMPLIMENTARY ADMISSIONS:

EVENT _____

NAME(S) _____

EVENT _____

NAME(S) _____

HEAD COACH'S SIGNATURE

DATE

ATHLETIC DIRECTOR'S SIGNATURE

DATE

COMPLIANCE OFFICER'S SIGNATURE

DATE

ESTIMATED COSTS

ACTUAL COSTS

TRANSPORTATION:

TRANSPORTATION

TOTALS

AUTO: _____

AIRLINE: _____

MEALS:

OTHER: _____

MEALS: _____

LODGING:

LODGING: _____

ENTERTAINMENT:

ENTERTAINMENT:

HOST: _____

TOTAL

DATE

TIME

ARRIVAL:

ARRIVAL: _____

DEPARTURE:

DEPARTURE: _____
