



## Weekly Summary of Contact, Evaluations and Telephone Calls

Sport: \_\_\_\_\_ Coach: \_\_\_\_\_ Week of: \_\_\_\_\_

Name of prospective student-athlete or parent	T=Telephone E=Evaluation C=Contact	Day or Date	Telephone Number (with area code)	Time Length	City	Site	(contacts only) Persons present	(school-site contacts only) Approved
_____	<input type="checkbox"/> T <input type="checkbox"/> E <input type="checkbox"/> C	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> T <input type="checkbox"/> E <input type="checkbox"/> C	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> T <input type="checkbox"/> E <input type="checkbox"/> C	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> T <input type="checkbox"/> E <input type="checkbox"/> C	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> T <input type="checkbox"/> E <input type="checkbox"/> C	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> T <input type="checkbox"/> E <input type="checkbox"/> C	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> T <input type="checkbox"/> E <input type="checkbox"/> C	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Important!** Coach's signature required on back.

Name of prospective student-athlete or parent	C=Contact E=Evaluation T=Telephone	Day or Date	Telephone Number (with area code)	Time Length	City	Site	(contacts only) Persons present	(school-site contacts only) Approved
_____	<input type="checkbox"/> T <input type="checkbox"/> E <input type="checkbox"/> C	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> T <input type="checkbox"/> E <input type="checkbox"/> C	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> T <input type="checkbox"/> E <input type="checkbox"/> C	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> T <input type="checkbox"/> E <input type="checkbox"/> C	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> T <input type="checkbox"/> E <input type="checkbox"/> C	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> T <input type="checkbox"/> E <input type="checkbox"/> C	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

I have reported all contact, evaluations and telephone calls with prospective student-athletes or their relatives or legal guardian(s) during the time period indicated. I affirm that I have fully complied with all NCAA bylaws regarding telephone calls, evaluations and contacts, and with conference and institutional rules during my recruitment of these prospective student-athletes and their parents or legal guardian(s).

Signature of coach: \_\_\_\_\_ Date: \_\_\_\_\_