



WASHINGTON STATE ATHLETICS
OFFICE OF COMPLIANCE
OFFICIAL VISIT RECORD FORM

PROSPECT: _____ **SPORT:** _____

Arrival Date: _____ Time: _____ Departure Date: _____ Time: _____

Applicable Dead Period Dates for Sport: _____

Method of Travel: Air: _____ Auto: _____ Train/Bus: _____ Other: _____

\$: _____ \$: _____ \$: _____ \$: _____

Lodging:

Off Campus _____ \$ _____

On Campus _____ \$ _____

Accompanied by Other(s): Yes _____ No _____

If yes: Name: _____ Relationship: _____

Meals: _____ Location: _____ Persons served (names): _____ Cost: _____

Day 1

Breakfast: _____ \$ _____

Lunch: _____ \$ _____

Dinner: _____ \$ _____

Activities: _____

Day 2

Breakfast: _____ \$ _____

Lunch: _____ \$ _____

Dinner: _____ \$ _____

Activities: _____

Day 3

Breakfast: _____ \$ _____

Lunch: _____ \$ _____

Dinner: _____ \$ _____

Activities: _____

Student Host(s): _____

Transportation used by host prospect (make of vehicle & owner): _____

Complimentary admission:

Date: _____ Event: _____ Persons: _____

Date: _____ Event: _____ Persons: _____

Signature of Prospect: _____ Date: _____

Signature of Coach: _____ Date: _____