

LIPSCOMB ATHLETICS COMPLIANCE PROGRAM OFFICIAL VISITATION FORM

Name: _____ City: _____ State: _____

Institution Visited: _____ Host: _____

Arrived on Campus: _____ Departed Campus: _____
Date Time Date Time

Parents/Guardians Making Visit: _____ Yes _____ No
 Name(s): _____

Expenses Paid by Prospect: _____ Yes _____ No (If yes, attach receipts.)

Explain: _____

I certify that the above information is correct and that I understand I may engage in recreational or workout activities, provided such activities are not organized or observed by members of the athletics department coaching staff and are not designed to test the athletics abilities of the prospect. I further understand that I may use the institution's facilities for such activities, provided athletics department staff members or representatives of its athletics interests are not involved in the conduct, promotion or administration of the activity (other than activities incidental to supervising the use of the facilities). I also certify that I have not engaged in any activities involving alcohol, drugs, sex, gambling and/or criminal activity during this official visit.

Prospect's Signature: _____ Date: _____

EXPENSE-PAID VISIT SUMMARY

Entertainment funds to student host:	_____ Yes	_____ No	\$ _____
Local expenses for recruiting coach:	_____ Yes	_____ No	\$ _____
_____ Total Miles	_____ Mileage Rate	_____ Tolls/Parking	\$ _____
Lodging: _____ On Campus	_____ Off Campus	_____ Dorm/Hotel	\$ _____
Meals: _____ On Campus	_____ Off Campus		\$ _____
Meals en route: _____ Yes	_____ No	_____ Number	\$ _____
Passes provided for athletic events(s): _____ Yes	_____ No	_____ Number	\$ _____
Travel by Air: _____ Commercial			\$ _____
Travel by Auto: _____ Total Miles	_____ Mileage rate	_____ Bus/Train	\$ _____

I certify that the above information herein is correct:

Coach: _____ Date: _____

The above information has been reviewed by me:

Athletic Director or Designee: _____ Date: _____

Title: _____