

Virginia Tech Athletics Department
IN-PERSON, OFF-CAMPUS CONTACT SUMMARY

FOOTBALL

COACH: _____

PROSPECT CONTACTED	DATE OF CONT.	TIME OF CONT.	LOCATION OF CONTACT			CITY, STATE CONTACT OCCURRED	OTHER INDIVIDUALS PRESENT	NUMBER OF CONTACTS USED PER PSA (to date)
			HOME	SCHOOL <i>(Name)</i>	OTHER			

This is a complete record of all in-person, off-campus CONTACTS made by me during the date(s) indicated. Further, I affirm that I have complied with all NCAA, ACC and Virginia Tech regulations and standards during the activities listed above, and I understand that it is my responsibility and the responsibility of the football staff to maintain an accurate record of all contacts and evaluations for all prospects and their high school teams.

Give Original to Compliance Office and Keep a COPY for your Records

_____ COACH'S SIGNATURE

_____ DATE