2007-08 LONGWOOD UNIVERSITY ATHLETICS

OFF-CAMPUS CONTACTS/EVALUATIONS SUMMARY

Sport: _____ Month: _____

☐ Check Box if there were No Off-Campus Contacts or Evaluations During the Month

Name of Prospect or Prospect's Guardian	LU Coach	Date	Contact at Home	Contact at School	Prior Approval	Academic Evaluation	Athletic Evaluation	Met with Counselor	Met with Coach	Contact/ Evaluation #

_____ _____

Signature of Head Coach Date