

UNOFFICIAL VISIT FORM

GENERAL INFORMATION

Prospect Name: _____ Sport: _____ Graduation Year: _____
Address: _____
(Street) (City, State) (Zip Code)
High School/College: _____ Email: _____ Phone: _____
Arrival at Clemson Date: _____ Departure from Clemson Date: _____

TRANSPORTATION TO CAMPUS

Type of transportation (i.e. car, flight): _____
Person providing/paying for transportation (name & relationship): _____

LODGING

Did you or will you stay overnight: Yes No If Yes, where (name of hotel, dorm, etc.): _____
Person providing/paying for lodging (name & relationship): _____

MEALS

Did any meals with coaches/staff occur during the visit: Yes No If Yes, how many: _____
Location of meals: _____
Person providing/paying for meals (name & relationship): _____

TICKET REQUEST

Game Attending: _____ v. _____ Date: _____
Number of Tickets Needed: _____ (maximum of 3 complimentary tickets)
Guest(s) 1. PROSPECT TICKET (comp ticket 1)
2. _____ Relationship: _____ Grade: _____ (comp ticket 2)
3. _____ Relationship: _____ Grade: _____ (comp ticket 3)
4. _____ Relationship: _____ Grade: _____ Paid: _____
5. _____ Relationship: _____ Grade: _____ Paid: _____
Student Host (if ticket needed): _____ CUID: _____
Number of ticket exchanges for staff: _____ Number of Field Passes: _____
Coach (or designee) Signature: _____ Date: _____

By signing this form, I verify that during my unofficial visit to Clemson, the University, institutional employees, student-athletes, agents or representative of athletics interest did not:

- Reimburse or arrange for my travel to campus
- Provide me with transportation off-campus
- Arrange special parking during my visit
- Provide me lodging in a hotel
- Provide me with free meals
- Provide me with more than 3 free tickets
- Provide any entertainment, gifts, apparel, or any other item of value

Prospect Signature: _____ Date: _____