

**UNIVERSITY OF CONNECTICUT  
WEEKLY CONTACT & EVALUATION LOG**

**DIVISION OF ATHLETICS  
2001-2002**

**Sport:** \_\_\_\_\_ **Coach:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

<b>Name of PSA</b>	<b>Evaluation or Contact</b>	<b>Date/Time</b>	<b>Persons Present</b>	<b>City/State</b>	<b>Site</b>	<b>School Admin.</b>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
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10.						
11.						
12.						
13.						
14.						

*Please fill in the name of the school administrator who approved the school site 'contact and/or evaluation'.*

I hereby affirm that I have reported all 'contacts and/or evaluations' with prospects and/or prospect's parent(s) during the indicated time period. I affirm that I fully complied with all NCAA, Conference and Institutional Rules during my recruitment of the above listed prospects and prospect's parent(s).

Coach's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*Please attach and submit this form with the corresponding travel expense report.

