



UNOFFICIAL VISIT FORM

NCAA Bylaw 13.7 outlines regulations governing a prospective student-athlete's unofficial visit to Clemson University. An unofficial visit that is prearranged or includes a PSA you are recruiting (e.g., evaluating, contacting, calling, emailing) must be documented on this form. Please put "N/A" if a field is not applicable. ***REMINDER - In sports other than Basketball and Football, an unofficial visit shall not occur before September 1 at the beginning of a prospect's junior year in high school.**

PSA INFORMATION

****PLEASE ATTACH a copy of the visit itinerary to this form.**

Name: _____ Sport: _____ HS Grad Year: _____

Email: _____ High School/College: _____

Birth Date: _____ Visit Start Date: _____ Visit End Date: _____

Name & Relationship of All Individuals Accompanying PSA on Visit (Travel Party): _____

Was this unofficial visit in conjunction with PSA's attendance at an institutional camp? Yes No If so, PSA camp attendance dates: _____

TRANSPORTATION TO CAMPUS

Where was the PSA traveling from?: _____ Was the PSA traveling from site of a competition? If so, which one?: _____

PSA Mode of Transportation: _____ PSA Transportation Payment Made By (Name): _____

LODGING

Yes No Did overnight lodging in the Clemson area occur as part of this unofficial visit?

Where did the PSA lodge? *Specify name of lodging location (e.g., Abernathy, dormitory): _____ Where did the travel Party Lodge?: _____

Who paid for the lodging?: _____ What was the lodging rate of pay?: _____

MEALS

Yes No Did any meals with coaches/staff occur during the unofficial visit?

If yes, who paid for the PSA meal(s) _____

TICKETING

GAME ATTENDING: _____

EVENT DATE: _____

NUMBER OF COMPLIMENTARY TICKETS REQUESTED (maximum of 3) _____

NUMBER OF FIELD PASSES REQUESTED _____

1. PROSPECT

2. NAME OF GUEST: _____ RELATIONSHIP: _____ PHONE NUMBER: _____

3. NAME OF GUEST: _____ RELATIONSHIP: _____ PHONE NUMBER: _____

PLEASE LIST ALL STAFF MEMBERS REQUESTING A FIELD PASS:

IF APPLICABLE: ADDITIONAL TICKETS TO BE ATTACHED:

STUDENT HOST: _____ CU ID: _____

NUMBER OF EXCHANGED TICKET(S) FOR CLEMSON STAFF: _____

COACH (OR DESIGNEE) SIGNATURE

By signing below, I certify the above information is complete and accurate.

Coach (or Designee) Signature: _____

Date: _____

PROSPECT SIGNATURE

By signing below, I certify the above information is complete and accurate.

Prospect Signature: _____

Date: _____