CLEMSON COMPLIANCE

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
- Prove 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: _____