



# OUT-OF-RECRUITMENT AREA STUDENT CONTACT RECORD

FORM C

This form shall be completed by all student athletes who are from outside the recruitment area.

**Directions:**

- A. Have each out-of-recruitment area student complete this form at the time of or as soon as possible following first contact.
- B. When the student enrolls at your college, attach this FORM C to the college's copy of the eligibility FORM 1 for first-contact verification.

## TO BE COMPLETED BY THE STUDENT ATHLETE: (Please print)

Name	Phone Number	Birth Date	Today's Date
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Your Current Address: Street	City	State	ZIP
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High School of Last Attendance	Date of Last Attendance
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High School Address: Street	City	State	ZIP
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List your sport(s)	List the community college(s) you would normally attend
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**I hereby certify that I made the first contact with:**

\_\_\_\_\_ **College**  
 and that I have chosen this college without prior contact by members of the staff or persons representing the college. I understand that any misinformation will result in loss of eligibility and forfeiture of contests.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
Date

**ATHLETIC DIRECTOR: PLEASE KEEP ON FILE AT YOUR CAMPUS.**