

Medaille College Athletics
Office of Athletic Compliance
Recruiting Reimbursement Request

*****This form must be filled out before recruiting reimbursement will be approved*****

Coach: _____

Sport: _____

Date(s) of Recruiting Trip: _____ to _____

Prospective Student-Athlete: _____

Date of Graduation: _____ Game/Tournament: _____

Address: _____ City _____ State _____

High School/Jr. College: _____

Reason for Recruiting Trip:

Please check all that apply

_____ Prospective student-athlete athletic evaluation

_____ Prospective student-athlete has applied to Medaille College

_____ Prospective student-athlete has requested coach to visit and evaluate

Compliance Office _____ Date _____

Athletic Director _____ Date _____