

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD – MEN’S BASKETBALL

Contact and Evaluation Records

Coach: _____

Prospect’s Name _____

Prospect’s H.S./J.C. _____

1. Evaluation 1 (Date) _____

2. Evaluation 2 (Date) _____

3. Evaluation 4 (Date) _____

4. Evaluation 2 (Date) _____

5. Cont./Eval. 5 (Date) _____

6. Cont./Eval. 6 (Date) _____

7. Cont./Eval. 7 (Date) _____

Official Visit (Date) _____

I hereby certify that to the best of my knowledge, the information given is correct and complete. I understand that if I knowingly give false information, or violate CSUB or NCAA rules, my employment in the CSUB athletic department may be jeopardized.

Coach Signature

Date