

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD – WOMEN’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. Sr. Cont./Eval. 3
 (Date) _____

4. Sr. Cont./Eval. 4
 (Date) _____

5. Sr. Cont./Eval. 5
 (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