

# Citrus College

## Out of District/Contiguous District Recruiting Area First Contact Form

Must be completed by coach and filed with Athletic Department  
(PLEASE PRINT)

Name of Recruit: \_\_\_\_\_

Sport(s): \_\_\_\_\_

Date of First Contact: \_\_\_\_\_

Type of First Contact: (please circle one) \*Attach copy of letter / e-mail  
Letter                      E-Mail                      Phone Call                      Campus Visit  
Other (please specify) \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last school of Attendance: \_\_\_\_\_

**I certify that the above recruit made the first contact with Citrus  
Community College and without prior contact by any member of  
the coaching staff.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

