**MIAMI DADE COLLEGE**

 **ATHLETIC VISIT FORM**

**Please submit this form at least 2 working days before scheduled visit.**

**Prospective Student Information**

**First Name:**

**Last Name:**

**Home Town**

**Arrival Date**

**Departure Date:**

**Emergency Contact Information**

**Name:**

**Cell Phone:**

**Expenditures**

**$**

**Hotel:**

**$**

**Meals:**

**$**

**Transportation:**

**Offered Scholarship** **Yes** **No** **Reason**

**Head Coach**

*Print Name Signature*

**Athletic Director**

 *Print Name Signature*