



# St. Cloud State University Telephone Log

\*Submit to Compliance Office no later than the completion of the first week of the following month.



Coach: \_\_\_\_\_ Month: \_\_\_\_\_ Sport: \_\_\_\_\_

Name of Prospect	Telephone #	Date & Time Called	Completed: Yes or No	Comments
1. _____	Home:	1.		
	Cell 1:	2.		
	Cell 2:	3.		
	Work 1:	4.		
	Work 2:	5.		
Name of Prospect	Telephone #	Date & Time Called	Completed: Yes or No	Comments
2. _____	Home:	1.		
	Cell 1:	2.		
	Cell 2:	3.		
	Work 1:	4.		
	Work 2:	5.		
Name of Prospect	Telephone #	Date & Time Called	Completed: Yes or No	Comments
3. _____	Home:	1.		
	Cell 1:	2.		
	Cell 2:	3.		
	Work 1:	4.		
	Work 2:	5.		
Name of Prospect	Telephone #	Date & Time Called	Completed: Yes or No	Comments
4. _____	Home:	1.		
	Cell 1:	2.		
	Cell 2:	3.		
	Work 1:	4.		
	Work 2:	5.		
Name of Prospect	Telephone #	Date & Time Called	Completed: Yes or No	Comments
5. _____	Home:	1.		
	Cell 1:	2.		
	Cell 2:	3.		
	Work 1:	4.		
	Work 2:	5.		
Name of Prospect	Telephone #	Date & Time Called	Completed: Yes or No	Comments
6. _____	Home:	1.		
	Cell 1:	2.		
	Cell 2:	3.		
	Work 1:	4.		
	Work 2:	5.		

Signature of Coach: \_\_\_\_\_

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