



TELEPHONE RECRUITING LOG



MONTH _____ SPORT _____ COACH _____

Date	C = Cell O = Office X = Other	Prospects Name	Phone Number Called	Person Talked To <small>PSA, Mom, Sister, ect.</small>	Length of Conversation	Notes
1. ____	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> X	_____	_____	_____	_____	_____
2. ____	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> X	_____	_____	_____	_____	_____
3. ____	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> X	_____	_____	_____	_____	_____
4. ____	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> X	_____	_____	_____	_____	_____
5. ____	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> X	_____	_____	_____	_____	_____
6. ____	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> X	_____	_____	_____	_____	_____
7. ____	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> X	_____	_____	_____	_____	_____
8. ____	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> X	_____	_____	_____	_____	_____
9. ____	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> X	_____	_____	_____	_____	_____
10. ____	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> X	_____	_____	_____	_____	_____
11. ____	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> X	_____	_____	_____	_____	_____
12. ____	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> X	_____	_____	_____	_____	_____
13. ____	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> X	_____	_____	_____	_____	_____
14. ____	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> X	_____	_____	_____	_____	_____
15. ____	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> X	_____	_____	_____	_____	_____
16. ____	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> X	_____	_____	_____	_____	_____
17. ____	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> X	_____	_____	_____	_____	_____

COACH SIGNATURE _____

DATE _____