

2009 CVFOA School Liaison Program Contact Form

<u>CVFOA Liaison Name:</u>	<u>School Name:</u>	<u>School's AD Name:</u> <u>Phone No:</u>	<u>School's Head Coach:</u> <u>Phone No:</u>
<u>Date of Preseason Contact:</u>		<u>Whom Contacted:</u>	
<i>Response/Comments on Preseason Review Request (check & comment as applies):</i> <input type="checkbox"/> Requested a Review: <input type="checkbox"/> Denied the Offer for a Review: <input type="checkbox"/> Other:			
<i>Type/location of review (check as applies):</i> <input type="checkbox"/> School/classroom <input type="checkbox"/> On field		<u>Date conducted:</u>	
<u>Comments on the Preseason Review:</u> 			
<u>Unanswered questions or follow up required:</u> 			

<u>Date of Mid-season Contact:</u>	<u>Whom Contacted:</u>
<i>Describe Nature of Contact (check & comment as applies):</i> <input type="checkbox"/> Telephone Conversation: <input type="checkbox"/> Other:	
<u>Comments on Mid-season Contact:</u> 	
<u>Unanswered questions or follow up required:</u> 	

Please return forms to Jerry Corrick of the CVFOA Awards & Liaison Committee.