



Nebraska State Bar Foundation
 635 South 14th Street, Suite 120 • PO Box 95103
 Lincoln, Nebraska 68509-5103
 402-475-1042

Mock Trial Dates and Times Preference Form

FORM
MT-2

PLEASE DO NOT WRITE IN THIS SPACE

DATE REC:

REC BY:

INSTRUCTIONS

- Complete and return this form to your Regional Coordinator by September 21, 2018.** Please understand that it is not possible to avoid all schedule conflicts, but your coordinator will be better able to schedule trials for times most convenient for your team if you provide as much information as possible.
- Enclose a copy of your school's activities schedule.

CONTACT INFORMATION

School Name: _____

Teacher Coach: _____

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

E-mail: _____

PREFERENCES

Which **DAYS OF THE WEEK** would be best for your students to compete?

List the top four in the order of your preference.

#1 _____

#2 _____

#3 _____

#4 _____

Which **TIMES OF THE DAY** would be best for your students to compete?

List the top four in the order of your preference.

#1 _____

#2 _____

#3 _____

#4 _____

Please provide any other information that you believe will be helpful to your Regional Coordinator in scheduling mock trials for your team(s).

RETURN INFORMATION

The Dates and Times Preference Form is due to your Regional Coordinator by September 21st, 2018.

Please return 1) this form and 2) a copy of your school's activity schedule to your Regional Coordinator

You can find your Regional Coordinators information at the end of the case materials.

Please send this form and all conflicts to them.