

# 2019 Dates & Times Preference Form

## INSTRUCTIONS

1. **Complete and return this form to your Regional Coordinator by September 25, 2019.** Please understand that it is not possible to avoid all schedule conflicts. Your Regional Coordinator will be better able to schedule trials at convenient times if you provide all the pertinent scheduling information.
2. Enclose a copy of your school's activities schedule.

## CONTACT INFORMATION

School Name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Teacher Coach: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## 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).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**You can find your Regional Coordinator's information at the end of the case materials.**

**Please send this form and all scheduling conflicts to your Regional Coordinator.**

## RETURN INFORMATION

**The Dates and Times Preference Form is due to your Regional Coordinator by September 25th, 2019.**

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