## MOCK TRIAL CONFLICT DATES FORM - 2017

***Teacher Coaches* - Please return this information to your**

**District Coordinator(s) AND your Regional Coordinator(s)**

**NO LATER THAN DECEMBER 9, 2016.**

**\*\*\* If your team includes any participating members who cannot compete on certain days due to religious reasons please indicate so on this form \*\*\***

I have looked at the master school calendar and have determined that the following dates, **between January 9 and March 17, 2017** would not be good for the scheduling of the district or regional trials. Please include the reason for your conflict(s):

NAME OF SCHOOL

TEACHER COACH

ADDRESS

CITY       STATE       ZIP CODE

PHONE       COUNTY

E-MAIL ADDRESS (REQUIRED)

I understand that the Coordinators will attempt to honor conflict dates but they cannot guarantee conflicting dates will be honored. I also understand that the fewer dates I include, the better the chance they will be honored.

I understand that Coordinators do not have to attempt to change any schedules if there are no conflict dates listed above.

# **ATTORNEY ADVISOR**

The following attorney has agreed to work with our team:

NAME

ADDRESS

PHONE