Dear Basketball Coach:

Listed below is the practice request form for the 2009-10 basketball season. Please fill out the form below indicating your preference of day to practice, and if appropriate, the day you cannot under any circumstances hold practice. Please fax this form back to us at 913-685-6031 or e-mail to the appropriate supervisor. The deadline to return this form is Thursday, October 15 by 7:30pm. THIS IS MERELY A REQUEST, WE WILL DO OUR BEST TO ACCOMMODATE YOU, BUT NO REQUEST IS GUARANTEED.

NOTE: Everyone would love to have practices in their neighborhood school. However, that is infrequently the case, because: 1) 3rd and 4th grades play at different basket heights and the school administration does not want the baskets changed from practice to practice as they break quite often. The school you attend may not be designated for your grade. 2) More than one team will practice in a gym at one time and coaches have indicated they prefer to have a like-grade practicing with their team so that scrimmages are possible. With this in mind, each age group is assigned to a gym that it will use for practices. Those gyms are determined by basket height, the number of teams in an age group and gym availability.

Coach’s Name: _________________________________________________________

Grade(s) Coaching: _______ Boys or Girls (circle) School: ___________

Preference of Day (please rank): ___Mon. ___Tues. ___Wed. ___Thurs. ___Fri.

Preference of Time for grades 3-5 (please rank) ___6-7 ___7-8 ___8-9

Preference of Time for grades 6-7 (please rank) ___7:00-8:15 ___8:15-9:30

Day(s) You Cannot Hold Practice: __________________________________________

Notes: __________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________