



**Nebraska State Bar Foundation**  
 635 South 14<sup>th</sup> 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 22, 2017.** 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).

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

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

**Please send this form and all conflicts to them.**

**RETURN INFORMATION**

**The Dates and Times Preference Form is due to your Regional Coordinator by September 22nd, 2017.**

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