

**Rising Star Basketball
Practice Time Request Form
2014-2015**

*****Please send a copy of your roster to your Basketball League Director**

Coach's Name _____ Team Name (if known) _____

Phone # w/answering machine _____

Coaches' email address _____

Boys _____ Girls _____ Grade _____ School (if private school team) _____

League play: Division A _____ Division B _____ Division C _____

Practice choices: List your most important consideration with each choice: day or time or location.
Fill out as many choices as possible. It will speed practice assignment confirmation.

1st _____

2nd _____

3rd _____

4th _____

5th _____

6th _____

7th _____

8th _____

