



PRACTICE REQUEST FORM

Dear GABL Basketball Coach:

Listed below is a practice request form for the 2009-10 winter basketball season. The league office will distribute practice time directly to Shawnee Mission-based teams. We have secured a limited amount of time in Olathe schools as well, but coaches will be responsible for payment for the practice time prior to using it. Note that all districts require 75% residency within their district to be allocated practice time.

As a reminder, the player registration fee for Shawnee Mission teams includes practice time as part of the program; non-Shawnee Mission participants pay a reduced fee because we are not able to provide practice time as part of the fee.

Please fill out the form below indicating your preference of day, and if appropriate, the day and/or time you cannot under any circumstances hold practice. In addition, you may indicate the high school area in which you prefer to have practice time assigned. Please fax this form back to us at 913-236-9188 or hand deliver. The deadline to return this form is noon on Friday, October 23. **THIS IS MERELY A REQUEST – IT IS NOT GUARANTEED THAT IT CAN BE ACCOMMODATED.**

NOTE: While many would prefer to have practices in their neighborhood school, this is difficult to accomplish because: (1) 2nd, 3rd and 4th grades play at different basket heights and the school administration does not want the baskets changed from practice to practice. Thus, your school may not be designated for your grade. (2) More than one team may 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. (3) Schools are not available for use on the same days each week; sometimes they are not available for a week at a time.

COACH NAME:		
GRADE(S) COACHING:	BOYS	GIRLS
WORK PHONE:	HOME PHONE:	
EMAIL ADDRESS:		
HIGH SCHOOL AREA PREFERENCE FOR PRACTICE (CIRCLE ONE):	SME	SMN
	SMNW	SMS
	SMW	OE
	ON	ONW
	OS	
PREFERRED DAY(S)**:		
DAY/TIME I CANNOT HOLD PRACTICE:		
RANK IMPORTANCE OF PREFERENCE: ____ DAY ____ HS AREA		
<input type="checkbox"/> I will not be using league-provided/arranged practice time.		

***** IF MULTIPLE DAYS ARE WRITTEN, THE FIRST ONE WILL BE CONSIDERED YOUR FIRST CHOICE.**