

Court with Class Registration Form 2015-2016

[Click here to enter text.](#)

School Name

[Click here to enter text.](#)

Number Attending (40 maximum)
(please include teachers, chaperones and students)

[Click here to enter text.](#)

School Address, City and Zip

[Click here to enter text.](#)

Teacher's Name

[Click here to enter text.](#)

Teacher's Email (Required*)

[Click here to enter text.](#)

Cell Phone Number (Required*)

[Click here to enter text.](#)

Best Time to Contact

[Click here to enter text.](#)

Emergency Contact Number (for day of argument)

My preferred date is: [Click here to enter text.](#) **My second choice is:** [Click here to enter text.](#)

I prefer to attend the hearing at: 9:45 a.m. 10:45 a.m. 1:30 p.m. Any

**You will receive confirmation for your assigned date and time and a synopsis of the case you are scheduled to attend via email.*

Return the form to the attention of Deputy Marshal Kevin Pond

By email: kevin.pond@wicourts.gov

By fax: (608) 267-0640

By mail: Wisconsin Supreme Court
P.O. Box 1688
Madison, WI 53701-1688

Oral Argument Schedule*	
September 8, 18, 22	January 20, 25
October 5, 6, 12	February 4, 24, 26
November 3, 5, 9, 17	March 14, 16
December 1, 3, 15	April 5, 7, 14
	May 13

*subject to change