**Court with Class Registration Form**

**2019-2020**

Click here to enter text.Click here to enter text.

**School Name 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.Click here to enter text.

**Teacher’s Name Teacher’s Email (Required\*)**

Click here to enter text.Click here to enter text.

**Cell Phone Number (Required\*) 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 Anna Yarish

 By email: anna.yarish@wicourts.gov

 By fax: (608) 261-8299

 By mail: Wisconsin Supreme Court

 P.O. Box 1688

Madison, WI 53701-1688

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| **Oral Argument Schedule\***  |
| **September 4, 6, 9, 19****October 3, 14\*\*, 21, 28** **November 4, 25****December 16, 18**  | **January 13, 15, 21, 23****February 10, 12, 14****March 16, 18, 20, 30****April 1, 20****May 11**  |

 \*subject to change

 \*\* Court with Class not available