**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](mailto: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