**Court with Class Registration Form**

**2020-2021**

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

**School Name Number Attending (40 max. in person)**

**(please include teachers 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.** [ ] **Either**

***\*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 29****October 1, 5, 6, 19, 22, 26, 28** **November 9, 10, 17****December 7, 8, 9, 10**  | **January 11, 13, 15, 19, 21, 22****February 22, 23, 25****March 2, 3, 15, 16, 17, 23****April 6, 8, 12****May 13, 17, 18**  |

 \*subject to change