



Practice Room Reservation Form

Due as part of the team registration materials by April 15, 2011

State: _____ State Coordinator Name (or official designee): _____

INSTRUCTIONS: Complete this form to request practice or scrimmage space on Wednesday and Thursday. After careful consideration, please indicate your team's **top three** most preferred times/dates on the chart below. Use a "1" to indicate your **MOST PREFERRED** time and a "3" to indicate your **LEAST PREFERRED** time. Once this form has been submitted, please avoid making changes to your preferred times. We will consider requests to make changes to the master schedule after all initial assignments have been made. Any changes to this form must be submitted through your state coordinator and in writing before April 25, 2011.

All Practice Room assignments will be posted on the website the week before the tournament.

Please Note: Neither the host state nor the NHSMT, Inc. Board has a policy regarding scrimmages. Teams that choose to scrimmage do so at their own discretion (and risk).

Date	Time	Preference (1,2 or 3)	Is this a Scrimmage? (Yes/No)	Scrimmage Partner
Wed. 5/4	7 a.m. – 9 a.m.			
Wed. 5/4	9 a.m. – 11 a.m.			
Wed. 5/4	11 a.m. – 1 p.m.			
Wed. 5/4	1 p.m. – 3 p.m.			
Wed. 5/4	3 p.m. – 5 p.m.			
Wed. 5/4	5 p.m. – 7 p.m.			
Wed. 5/4	7 p.m. – 9 p.m.			
Thurs. 5/5	7 a.m. – 9 a.m.			
Thurs. 5/5	9 a.m. – 11 a.m.			
Thurs. 5/5	11 a.m. – 1 p.m.			
Thurs. 5/5	1 p.m. – 3 p.m.			
Thurs. 5/5	3 p.m. – 5 p.m.			
Thurs. 5/5	5 p.m. – 7 p.m.			

After completing, submit with all registration forms by mailing to:

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