Teacher packet
form 6

ORDER OF SYLLABUS EVALUATION

Teacher number_____
(for committee use only)

COMPLETE THIS FORM AND RETURN IN YOUR SYLLABUS PACKET ONLY IF YOUR STUDENTS ARE TO PLAY IN AN ORDER DIFFERENT FROM THE ORDER LISTED IN THE REGISTRATION FORM.

BE SURE TO LIST YOUR TEACHER CONFERENCE IF YOU ARE SCHEDULING ONE.

Student No. (Leave Blank)	NAME OF STUDENT (Level of Student)	Time (Leave Blank)

Teacher's Name: _____

RESET

Revised: 7/14/2009