

**'12 Chocolatetown Shootout Team SPECIAL REQUEST Form:**

<b>Team Name</b>	<input type="text"/>
<b>Level(s)</b>	<input type="text"/>
<b>Late Saturday Start Requested</b> ( <i>May Not be Possible</i> )	<b>REASON</b> <input type="text"/>
	<b>TIME REQUESTED</b> <input type="text"/>
<b>Bracket Request</b>	<b>MOST COMPETITIVE</b> <input type="text"/> <b>COMPETITIVE</b> <input type="text"/>
<b>Other</b>	<input type="text"/>
<b>Other</b>	<input type="text"/>
<b>Other</b>	<input type="text"/>
<b>Other</b>	<input type="text"/>

**Comments:**

**THIS FORM MUST BE RETURNED BY E-MAIL TO [tourney@CHOCOLATETOWNSHOOTOUT.COM](mailto:tourney@CHOCOLATETOWNSHOOTOUT.COM) BY THURSDAY, JULY 19<sup>th</sup>**