Dear Cupstacker,

Thank you for your interest in joining Timberview’s first cupstacking team!! The team will be competing in the Keller Cupstacking Tournament will be held on Saturday, March 5th. Although I would like to take every student that attends the try-out, I am only able to take eight students to the tournament.

Try-outs: Wednesday, January 13th @ 4 p.m.

Students will need to check-in at Coach Parnell’s room (M220) by 3:50 p.m. the day of the try-out. Tables will be set up for students to practice prior to being timed. Each student will have 3 attempts at the cycle. All attempts will be timed and recorded. Once the students have completed their 3 attempts at the cycle, they are welcome to leave. Unfortunately, students that are not able to do the entire cycle will not be considered for the cupstacking team.

Trying out for the Timberview Cupstacking team means that you are committing to attend practices and the Keller Cupstacking Tournament on Saturday, March 5th. The results of the try-outs and notification as to whether you made the 2015-2016 Timberview Cupstacking team will be posted on Coach Parnell’s classroom door on Thursday, January 14th by 3:45 p.m.

Practices:

Introductory practice/Informational student meeting will be held on Monday, January 11th at 3:45 p.m. in Coach Parnell’s classroom (M220). We will go over the requirements for try-outs and teach the cycle to those that do not know it.

Mandatory practices for those that make the team will be held on Tuesdays and Thursdays from 3:45 p.m. – 4:15 p.m. in Coach Parnell’s room.

*Practice dates:*

 January: 19, 21, 26, 28

 February: 2, 4, 9, 11, 16, 18, 23, 25

 March: 1, 3

Expectations:

This after school activity is a privilege. Students are expected to be respectful at all times. If, at any time, a student is disruptive or disrespectful in any way, that student may be dismissed from the cupstacking team.

If you are interested in trying out for the TMS Cupstacking team, please fill out the information on the second paper that is attached and return it to Coach Parnell by Friday, December 18th. If you have any questions or concerns, please contact me via email at erica.parnell@kellerisd.net or call me at (817) 744 – 2600.

- Coach Parnell

Cupstacking Try-out Form

Timberview Middle School

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*By signing this I am committing to attending practices and the participation in the cupstacking tournament in March).*

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please return this form to Coach Parnell by Friday, December 18th.*

Cupstacking Try-out Form

Timberview Middle School

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*By signing this I am committing to attending practices and the participation in the cupstacking tournament in March).*

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please return this form to Coach Parnell by Friday, December 18th.*