

Grapevine Matrix Scheduling Questionnaire

Team Name:
Email address:

Person:
Phone Number:
Cell :

How many kids on your team this year; Project how many kids for next year;

What age ranges are on your team;

Dates that your team is unavailable:

How many home matches would you like next year;

How many mats does your facility have

What day of the weekend will your matches be held:

What type of school facility will you have access to:

Do you have other league match commitments outside the Grapevine:

How many miles will your team travel for a match:

Are there specific teams you would like to wrestle:

We will not wrestle,