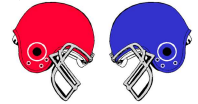


1st Request (3/15/18)

COPYRIGHT OF
HARRIS RATINGS WEEKLY

PO BOX 110550
CARROLLTON, TX 75011-0550
(940) 498-5176
FAX (940) 497-4277



Head Football Coach _____ Class and District _____
High School _____ City _____ Zip _____
Athletic Phone () _____ Athletic FAX () _____
E - MAIL Address _____

Would you please take a few minutes of your time and fill out this questionnaire and return as quickly as possible to **HARRIS RATINGS WEEKLY, PO BOX 110550, CARROLLTON, TX 75011-0550**
Your information will be very valuable towards the accuracy of our newsletter.

Won-Lost Record for 2017 _____ No. of returning letterman _____
No. of starters (Offense) _____ No. of starters (Defense) _____ Potential All-State players _____

In your opinion will your 2018 team be weaker, stronger, or about the same as your 2017 team? _____
In your opinion will your 2018 team be weaker, stronger, or about the same as your 2016 team? _____
In your opinion will your district overall be weaker, stronger, or about the same as last year ? _____
How far do you think the district winner will advance in the playoffs? _____

List how you think teams in your district should be rated strength wise 1 - 8 (include your own team)

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Comments: _____

*** NOTE:** If you desire to subscribe to our 17-week service, please so indicate with signature below.
I wish to subscribe to the 17-week service at a cost of **\$99.00** and I understand the newsletter will be sent by (**circle one**) FAX or E-MAIL on Wednesday morning.

Enclosed you will find CHECK# _____ PO# _____ or check here _____ for FALL BILLING.

() With the understanding that payment is to be made by me or by a representative for me
ISD, Athletic Fund, Booster Club, etc.)

SIGNATURE **X** _____ BILLING ADDRESS _____

HOME PHONE () _____ CITY _____ ZIP _____