

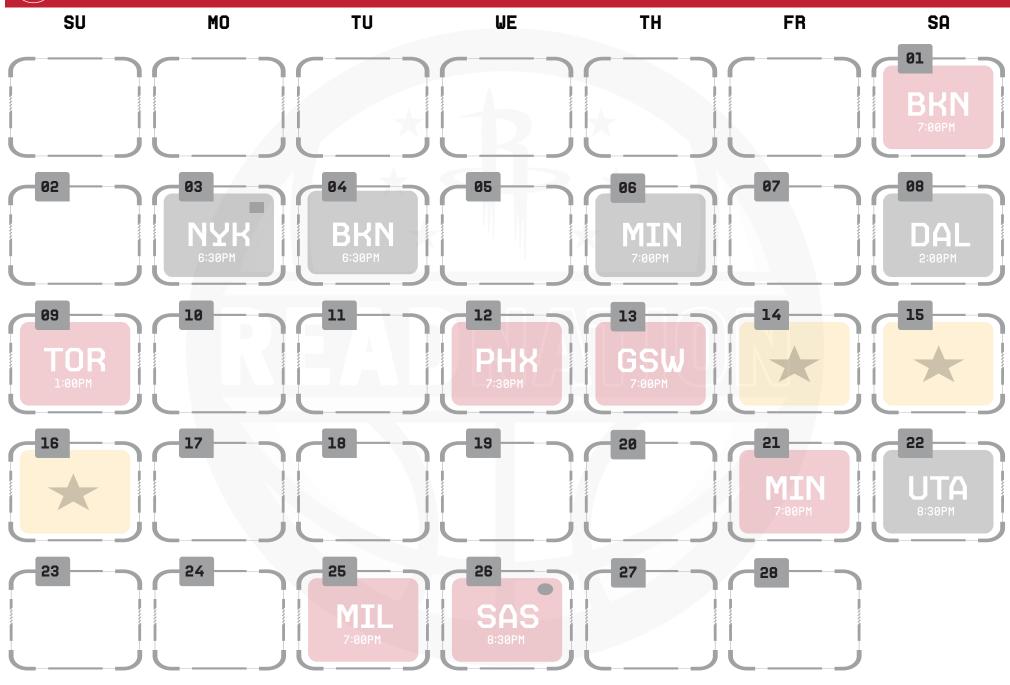
Name: \_\_\_\_\_ Grade: \_\_\_\_ Total Number of Minutes Read: \_\_\_\_

Parent/Teacher Signature:

| Home | Away | All-State | All times CDT/CST. Dates and times subject to change.

FOR THE CUP NBA Cup Game

Away



Parent/Teacher Signature: Grade: \_\_\_\_ Home **Total Number of Minutes Read:** All times CDT/CST. Dates and times subject to change.