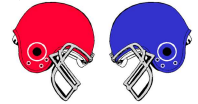


1st Request ( 3/15/18 )

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 \_\_\_\_\_