

TEXAS SCHOOL MOCK TRIAL COMPETITION
REGIONAL ENTRY FORM

Name of School

Faculty Advisor & Home Phone (*for emergency only*)

School Address

Home Address

City, State, Zip

City, State, Zip

School Principal

(_____)_____
Work Phone (Area Code + Number)

***TEAM MEMBERS:**

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

9) _____

10) _____

*Timekeeper *must* be one of the student team members listed above

11) _____

**Courtroom Artist – *If Applicable*

COMPLETE and RETURN to:

Regional Coordinator

Attorney Advisor:

Name

Address

City, State, Zip

Email
