



REGISTRATION FORM

2011-2012 ARKANSAS HIGH SCHOOL MOCK TRIAL COMPETITION

Each school may register up to two (2) teams to compete.

Please submit a separate registration form and a separate payment for each team.

School Name: _____

Phone: _____ Fax: _____ Email: _____

Address: _____
(This address will be used to determine region placement for home school teams.)

City/Zip/State: _____ County: _____

Planning Period OR Best Time to Call: _____

Please Check One: First Time Competitor Competed Before

Teacher/Coach: _____ Home Phone: _____

Home Address: _____ Alternate Phone: _____

City/Zip/State: _____ Email: _____

Attorney/Coach: _____ Home Phone: _____
(not mandatory)

Home Address: _____ Alternate Phone: _____

City/Zip/State: _____ Email: _____

Please register our team for the 2012 Mock Trial Competition. We have enclosed our check, money order, or purchase order in the amount of **\$100.00** made payable to:

**Arkansas Bar Association
High School Mock Trial Competition
2224 Cottondale Lane
Little Rock, AR 72202**

Teacher/Coach Signature

Date: _____

Principal Signature

Date: _____

**Registration should be
received by *January 16, 2012***

* Case Material will be available on the Arkansas Bar Association website @ www.arkbar.com on October 31, 2011

* Only one hard copy will be mailed to each registered team. For additional copies feel free to download the case materials and make copies as needed.

FOR OFFICE USE ONLY

Received By: _____

Date: _____

Method of Payment:

Check No.: _____

Money Order No.: _____

Purchase Order No.: _____