

REGION IV HIGH SCHOOL MOCK TRIAL REGIONAL COMPETITION REGISTRATION FORM

SCHOOL INFORMATION:

Name:	
Address:	
Phone: ()	Fax: ()
Email:	

STUDENT NAMES:

1.	5.
2.	6.
3.	ALT.
4.	ALT.

TEACHER-SPONSOR INFORMATION:

Name:	
Address:	
Work Phone: ()	Other Phone: ()
Email:	

ATTORNEY-COACH INFORMATION:

Name:	
Address:	
Phone: ()	Other Phone: ()
Email:	

Return this completed form and Registration fee (\$100.00 per team) by **FEBRUARY 14, 2012** to the Region IV coordinator:

cdgendusa@gmail.com OR

New Orleans Bar Association, CC Kahr
650 Poydras Street, Suite 1505
New Orleans, Louisiana 70130

