

**NAME OF ENTITY**  
New York Statewide High School Mock Trial Tournament  
**2019 OFFICIAL ENTRY FORM**

**ENTRIES MUST BE RECEIVED BY NO LATER THAN: \_\_\_\_\_**

NAME OF SCHOOL: _____	
SCHOOL ADDRESS: _____	
CITY, STATE, ZIP: _____	
SCHOOL PHONE: _____	SCHOOL FAX: _____
TEACHER COACH: _____	
EMAIL: _____	HOME PHONE: _____

➔ **SCHOOLS ARE ENCOURAGED TO HAVE MORE THAN THE MINIMUM OF EIGHT (8) STUDENTS ON THEIR TEAMS in order to have substitutions available when needed. Please attach a list of names of team members.**

**Note: The New York Bar Foundation will pay for a total of nine (9) students per team to participate in the State Finals in Albany in May.**

<input type="checkbox"/> <b>Our attorney-advisor will be:</b> <i>(If last year's attorney, contact to confirm availability)</i>
ATTORNEY NAME: _____
ADDRESS: _____
PHONE: _____ EMAIL: _____
<input type="checkbox"/> <b>WE HAVE NO ATTORNEY. PLEASE ENLIST ONE FOR US.</b>

We, the undersigned, take responsibility for the entry of the mock trial team from the high school listed above. We understand that the Tournament is open to all students currently in grades 9–12. **We are also responsible for giving a two-week notice to the County Coordinator if our team is unable to participate in a trial.**

\_\_\_\_\_  
*Signature of Teacher Coach*      *Date*

\_\_\_\_\_  
*Signature of Principal*      *Date*

**(Registration forms will not be accepted without BOTH signatures on this entry form).**

<b>ENTRY DEADLINE:</b> _____
<b>The Teachers' Orientation will be on _____ . Attendance is mandatory.</b> <b>Please DO NOT bring students to the meeting.</b>

<b>FAX OR EMAIL THIS FORM TO:</b>
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