

(insert name of entity)

New York Statewide High School Mock Trial Tournament
2025 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 State Bar Association will pay for a total of nine (9) students per team to participate in the State Finals.

Our attorney-advisor will be: *(If last year's attorney, contact to confirm availability)*

ATTORNEY NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

WE HAVE NO ATTORNEY. PLEASE ENLIST ONE FOR US.

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).

ENTRY DEADLINE: _____

The Teachers' Orientation will be on _____. Attendance is mandatory.
Please **DO NOT** bring students to the meeting.

FAX OR EMAIL THIS FORM TO: