



REGISTRATION FORM

Welcome to the 2015-2016 San Diego County High School Mock Trial Program and Competition. A teacher-sponsor or school administrator from each participating school must register each team.

Registration: Completed Registration Form must be received **no later than October 16, 2015**.

Registration Fee: A Registration Fee of **\$375 per team** must be received **no later than November 13, 2015**. Please make checks payable to the **SDCBA**.

Please Note: To use this fillable form and submit please complete the form, save and either email or fax using the contact information below. Registration Fee checks must be mailed to:

Michelle Chavez, San Diego County Bar Association (SDCBA)
401 West A Street, Suite 1100
San Diego, CA 92101
E-mail: mchavez@sdcba.org
Fax: 619-696-3987

School Name & District: _____

School Address: _____

City: _____ Zip Code: _____

School Telephone #: () _____ Ext.: _____

E-mail Address: _____ Fax #: () _____

Teacher-Sponsor: _____

Teacher-Sponsor's Work Telephone #: () _____ Cell #: () _____

Years of School Participation in Mock Trial: _____

If you would like an attorney coach or coaches assigned to assist you and your team in preparing for the competition please check box. Yes

If you already have an attorney coach(es) for your team, please provide their name(s) and contact information below.

Name(s): _____

Firm name & address: _____

Phone: _____ E-mail: _____