



2010

Philadelphia
High School Mock Trial Pre-Tournament Invitational
January 9, 2010

Team Registration Form

(please submit one form per team)

School Information

Name of School: _____

School District: _____

School Address and/or Website: _____

Team Coach/School Advisor: _____

Advisor's Title: _____

Advisor's Email Address: _____

Advisor's Cell Phone (for day of competition): _____

Participant Information

Team Members Names (Please include this information on Page 2 of the Registration Form)

Payment Information

Registration Fee -- \$100.00 per team (fee includes 6 lunch tickets & dinner)

(If you'd like to purchase additional lunch tickets, please include \$8.25 for each additional lunch ticket).

Registration Fee: \$100.00

Additional Lunch Tickets (\$8.25 each): \$

Total Amount Enclosed: \$

Please make checks or money orders payable to: **Drexel University**

Check/MO Number: _____

Please send completed registration form and check or money orders
no later than December 18, 2009 to:

Grant Keener
Prelaw Advisor
3201 Arch Street, Suite 250
Philadelphia, PA 19104

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Team Registration Form – PAGE 2

Student Information

High School Name: _____

Student #1

Name: _____ Graduation Year: 20_____
Address: _____
City, State, Zip: _____
Phone Number: _____
Email Address: _____

Student #2

Name: _____ Graduation Year: 20_____
Address: _____
City, State, Zip: _____
Phone Number: _____
Email Address: _____

Student #3

Name: _____ Graduation Year: 20_____
Address: _____
City, State, Zip: _____
Phone Number: _____
Email Address: _____

Student #4

Name: _____ Graduation Year: 20_____
Address: _____
City, State, Zip: _____
Phone Number: _____
Email Address: _____

Student #5

Name: _____ Graduation Year: 20_____
Address: _____
City, State, Zip: _____
Phone Number: _____
Email Address: _____

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Student #6

Name: _____ Graduation Year: 20_____
Address: _____
City, State, Zip: _____
Phone Number: _____
Email Address: _____

Student #7

Name: _____ Graduation Year: 20_____
Address: _____
City, State, Zip: _____
Phone Number: _____
Email Address: _____

Student #8

Name: _____ Graduation Year: 20_____
Address: _____
City, State, Zip: _____
Phone Number: _____
Email Address: _____

Student #9

Name: _____ Graduation Year: 20_____
Address: _____
City, State, Zip: _____
Phone Number: _____
Email Address: _____

Student #10

Name: _____ Graduation Year: 20_____
Address: _____
City, State, Zip: _____
Phone Number: _____
Email Address: _____