



Please fill out this form and mail with your check or return electronically

**UNIVERSITY OF PITTSBURGH
MOCK TRIAL
5TH ANNUAL HIGH SCHOOL TOURNAMENT
JANUARY 10TH & 11TH, 2009**

Team Registration Form

School Information

Name of School: _____

District and Region: _____

Number of Teams: _____

Total Number of People Attending: _____

Contact Name and Position: _____

Contact Email: _____

Contact Address: _____

Contact Cell Phone (for day of competition): _____

Payment Information

Registration – \$150.00 per team if received by Nov. 1st, \$200.00/team if received after that date.

Amount Enclosed: _____

Please Make Checks Payable to: *The University of Pittsburgh*

Please Send Checks to: Pitt Mock Trial
C/o Jennifer Shively
104 Christopher Circle
Pittsburgh, PA 15205

