

**Maryland State Bar Association
Statewide High School Mock Trial Competition
2011-2012 Official Registration Form**

Completed registrations should be mailed to:
Citizenship Law-Related Education Program/ Attn: Mock Trial
Maryland Bar Center, 4th Floor/ 520 West Fayette Street/ Baltimore, Maryland 21201
Phone: 410-706-5360/ Fax: 410-706-5576

OR you may download this form at www.clrep.org and submit by email attachment to sbw@clrep.org

Please retain a copy of this completed form for your reference. This form must be typed or clearly printed and RECEIVED by **November 4, 2011** along with a \$200.00 check made payable to CLREP. Guides will be mailed on November 10, 2011 to those teams whose registrations and payments are received by the deadline. **Please allow 7 business days for your books to arrive via US mail before contacting CLREP about their status. For schools that register or pay late, there is a \$75 late fee.** Books will be mailed after December 1, 2011 to late registrants.

The 2011-2012 State Championship competition will be webcast live from the Court of Appeals. In the event that your team advances to the Final Four, it is understood, by your signature below, that participating students may appear in photos and the live Webcast.

We, the undersigned, agree to participate in and complete ALL scheduled competitions in the 2011/12 high school mock trial competition, co-sponsored by the Maryland State Bar Association and CLREP. **WE UNDERSTAND THAT FORFEITS ARE PROHIBITED.** We also agree to abide by the organizational rules of the Mock Trial competition. Failure to abide by these rules may result in elimination from competition.

Teacher Coach Signature: _____ School Administrator Signature: _____

Please type or print clearly. COMPLETE ALL CONTACT INFORMATION.

If, at the time of registration, you do not have your team roster, simply write "TBD" and submit the names to sbw@clrep.org and your local coordinator prior to the start of the local competitions.

PLEASE CHECK YOUR CIRCUIT <u>AND</u> COUNTY:								
Circuit 1	Circuit 2	Circuit 3	Circuit 4	Circuit 5	Circuit 6	Circuit 7	Circuit 8	
School Name:				Street Address:				
				City:			Zip:	
Teacher Coach:				Best time to contact:				
Teacher Cell Phone: ()-				Teacher Email:				
School Phone: ()-				Alternate Email (if applicable):				
*Attorney Coach:				*Attorney Work Phone: ()-				
*Attorney Coach Firm:				*Attorney Email:				
<i>Student Names:</i>				<i>Gender (check)</i>	<i>Student Names:</i>			<i>Gender (check)</i>
1.				M F	7.		M F	
2.				M F	8.		M F	
3.				M F	9.		M F	
4.				M F	10.		M F	
5.				M F	11.		M F	
6.				M F	12.		M F	
**Alt #1:				M F	**Alt #2:			M F

*Attorney Coach information is requested for organizational audit purposes (tracking volunteers) as well as for emergency contact purposes.

**Two "Alternate Students" are optional for the local rounds of competition only.