



**High School Mock Trial
Regional Competition
Districts 2, 3, and 4
2019 TEAM REGISTRATION PART 2**

Team Information

School/Team Name:

Faculty Advisor:

Attorney Coach:

Plaintiff Line Up:

NAMES OF ATTORNEYS:

(List attorney doing the opening FIRST and attorney doing the closing LAST)

- 1.
- 2.
- 3.

DUTIES S/HE PERFORMS:

(e.g., Opening, Direct of Cross of , Closing)

REAL NAMES OF WITNESSES:

(In order they will be called)

- 1.
- 2.
- 3.

PART S/HE PLAYS:

Please Fill out Defendant Line Up on the next page



Please return the completed PDF to the KBA Mock Trial Committee by Friday, January 18, 2019. Fax: 865-523-5662; Email: knoxhsmt@gmail.com



**High School Mock Trial
Regional Competition
Districts 2, 3, and 4
2019 TEAM REGISTRATION PART 2**

Defendant Line Up:

NAMES OF ATTORNEYS:

DUTIES S/HE PERFORMS:

- 1.
- 2.
- 3.

REAL NAMES OF WITNESSES:

(In order they will be called)

PART S/HE PLAYS:

- 1.
- 2.
- 3.

FORM FILLED OUT BY: *(circle one)* Faculty Advisor Attorney Coach

Please return the completed PDF to the KBA Mock Trial Committee by Friday, January 18, 2019. Fax: 865-523-5662; Email: knoxhsmt@gmail.com