



**High School Mock Trial  
Regional Competition  
Districts 2, 3, and 4  
2019 TEAM REGISTRATION PART 1**

**Team Contact Information**

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**School/Team Name:**

**Faculty Advisor:**

Mailing Address:

Office Phone Number:

Cell Phone Number:

Email:

**Attorney Coach:**

Mailing Address:

Office Phone Number:

Cell Phone Number:

Email:

**Other Advisor(s)/Chaperone(s):**

- 1.
- 2.
- 3.

**Please Fill out Team Members Information 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](mailto:knoxhsmt@gmail.com)**



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Regional Competition  
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2019 TEAM REGISTRATION PART 1**

**Team Members**

*(Please list in alphabetical order by last name. You may have up to 12 team members and up to 2 alternates)*

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.

**Alternates:**

- 1.
- 2.

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