

# High School Mock Trial

Please send a Mock Trial Registration Packet to:

<b>NAME/Contact</b>	_____
<b>SCHOOL</b>	_____
<b>Department</b>	_____
<b>SCHOOL ADDRESS</b>	
<b>Street</b>	_____
<b>City State Zip</b>	_____
<b>Phone School</b>	(_____)_____ or (_____)_____
<b>School Fax</b>	(_____)_____
<b>School e-mail address</b>	_____
<b>Phone Home</b>	(_____)_____
<b>Home Fax</b>	(_____)_____
<b>Home e-mail address</b>	_____

FAX this form to (501) 375-4901