

# Florida High School Mock Trial Registration Roster

Name of School: \_\_\_\_\_

Circuit Number: \_\_\_\_\_ Name of County: \_\_\_\_\_

**Also fill out the virtual registration form sent to all teams.**

Please fill out the below information for teacher and attorney coaches:

	<b>Name</b>	<b>Email</b>
<i>Teacher</i>	_____	_____
<i>Attorney</i>	_____	_____

Please fill out the below information for all students on the team (teams must have a minimum of 6 and a maximum of 12 competitors):

<b>Name of Team Member</b>	<b>Email</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____

