

MOCK TRIAL STUDENT DATA

Return paper copy to Mr. Misuraca

OR

fill in form at <http://bit.ly/1xBYPt3> or

http://www.nctriallawblog.com/north_carolina_trial_law_/2014/10/ligon-middle-school-mock-trial-form.html and hit "send"

OR

email a response to nicholsatty@gmail.com

Student Name: _____

Responsible Adult(s) name(s): _____

Email(s) of responsible adult(s): _____

Grade of Student: _____

Area where students lives (NOT street address: more like "near Crabtree Mall"):

Days your student can NOT stay after school (through December 12):

Best days to stay after school:

What is the latest your student can stay after school:

Are you interested in after school car pooling with other mock trial team members: YES NO
(circle one)

Can we send you Mock Trial info by "group emails" with other responsible adults in the "to" line
(other people will see your email): YES NO (circle one)

Can we send your student group emails? YES NO (circle one) Other:

If yes, what is your student's email:

(Note: All group emails to students will ALSO be copied to the Responsible Adults)

My student can attend the regional competition on December 12, 2014 and the State Competition (if we win!) on January 9, 2015. YES NO (circle one)

Anything else we need to know?

I give permission for any of the coaches or teachers of Ligon Mock Trial to share the information on this sheet according to my instructions above.

Signature

Print Name