



Nebraska State Bar Foundation
 635 South 14th Street, Suite 120 • PO Box 95103
 Lincoln, Nebraska 68509-5103
 402-475-1042

Mock Trial Registration Form

FORM
MT-1

PLEASE DO NOT WRITE IN THIS SPACE

DATE REC: _____

REC BY: _____

SCHOOL INFORMATION

School Name: _____

County/ MT Region #: _____

Address: _____

Address 2: _____

City: _____ State: _____ ZIP: _____

Phone: (____) ____ - _____ Fax: (____) ____ - _____

COACH INFORMATION

Teacher Coach: _____

E-mail: _____ Cell Phone: (____) ____ - _____

Attorney Coach (if known): _____

E-mail: _____ Cell Phone: (____) ____ - _____

TEAM REGISTRATION

Number of Registered Teams: _____

Multiplied by Registration Fee: X \$35.00 If registered by Monday, September 11th, 2017

X \$70.00 If registered after Monday, September 11th, 2017

Equals Total Payment Due: \$ _____

PAYMENT REMITTANCE

Payment Enclosed: \$ _____ (Please make check payable to: **Nebraska State Bar Foundation**)

(Please note that receipt of payment is necessary prior to the start of regional competition.)

RETURN INFORMATION

Registration is due by Monday, September 11, 2017 at 5:00 PM CT

Please mail this completed form to:

**Nebraska State Bar Foundation
 PO Box 95103
 Lincoln, NE 68509-5103**

OR

Please fax this completed form to:

(402) 475-7106

Please email this completed form to:

maggie@nebarfnd.org