



FOR OFFICE USE ONLY:

Date Received: _____

COURT ARTIST CONTEST REGISTRATION FORM

Complete the form electronically or print CLEARLY

STUDENT'S NAME: _____

SCHOOL'S NAME: _____

STUDENT'S MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

STUDENT'S TELEPHONE NUMBER: _____

STUDENT'S EMAIL ADDRESS: _____

PARENT'S SIGNATURE: _____

By submitting this form, contestants agree to observe all rules regarding ethical conduct for the Mock Trial program.

If you have any questions, please contact John Armendt at John.Armendt@azflse.org or 480-254-1181. Please coordinate with the Mock Trial teacher coach at your school to ensure that all participation criteria are met.

Thank you!

Return Registration & Photo Release form to:

John Armendt– John.Armendt@azflse.org or
Arizona Foundation for Legal Services & Education
Attn: Mock Trial Court Artist Contest
4201 N. 24 Street, Suite 210
Phoenix, AZ 85016

