

# TRIAL ADVOCACY COMPETITION ENTRY FORM

## 2008 ENTRY FORM (PLEASE PRINT)

This ENTRY FORM must be postmarked no later than October 6, 2008 and sent to:

### ABA Section of Labor and Employment Law

ATTN: Chris Meacham  
321 North Clark Street  
Chicago, IL 60610  
(P) 312-988-5821  
(F) 312-988-5814

Names of Participants:

*A photocopy of each student's ID should be attached.  
Please list Contact Person for Team first.*

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**2008 ENTRY FORM**

4. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**COACHES INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please indicate the location in which your team will be participating:

\_\_\_\_\_ Seattle, WA \* November 8-9, 2008

\_\_\_\_\_ Washington, DC \* November 8-9 2008

\_\_\_\_\_ Chicago, IL \* November 15-16, 2008

\_\_\_\_\_ Los Angeles, CA \* November 15-16, 2008

\_\_\_\_\_ Miami, FL \* November 15-16, 2008

\_\_\_\_\_ Dallas, TX \* November 22-23, 2008

\_\_\_\_\_ Boston, MA \* November 22-23, 2008

\_\_\_\_\_ New York, NY \* November 22-23, 2008

## STATEMENT OF COMMITMENT

We acknowledge that by submitting this Entry Form our team makes a commitment to participate in the Competition. This commitment will be honored when our team attends the Competition. We recognize that our failure to remain in the competition would be unfair to other teams as well as to the coaches, judges and evaluators who have agreed to commit substantial time to this program.

Signed by: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Faculty Member Signature/Verification: \_\_\_\_\_

Faculty Member Name (Printed): \_\_\_\_\_

Date: \_\_\_\_\_