



# Official Team Registration Form

**Registration Fee - \$300.00 due before April 16, 2010**

**Make check payable to the Pennsylvania Bar Foundation**

State: \_\_\_\_\_ Coordinator Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Suite or Floor: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Work Phone (with area code): \_\_\_\_\_

Cell Phone (with area code): \_\_\_\_\_ Fax (with area code): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Coordinator Attending Tournament? Yes  No  If no, who is your **official designee**? \_\_\_\_\_

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

Primary Teacher Sponsor: \_\_\_\_\_

School Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

School Phone (with area code): \_\_\_\_\_

Teacher Cell Phone (with area code): \_\_\_\_\_

School Fax (with area code): \_\_\_\_\_

Teacher E-mail address: \_\_\_\_\_

Teacher Attending Tournament? Yes  No

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Primary Attorney Coach: \_\_\_\_\_

Attorney Coach Work Phone (with area code): \_\_\_\_\_

Attorney Coach Cell Phone (with area code): \_\_\_\_\_

Attorney Coach E-mail address: \_\_\_\_\_

Attorney Coach Attending Tournament? Yes  No

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## Names of Official Team Members

1. \_\_\_\_\_ 5. \_\_\_\_\_

2. \_\_\_\_\_ 6. \_\_\_\_\_

3. \_\_\_\_\_ 7. \_\_\_\_\_

4. \_\_\_\_\_ 8. \_\_\_\_\_

Official Timekeeper\* (optional): \_\_\_\_\_

**\*NOTE:** The 9<sup>th</sup> student is OPTIONAL and may serve ONLY as the official timekeeper for ALL rounds and is NOT included in the number of complimentary event tickets each team receives.

ADA Assistance: Needed  Not Needed

Describe assistance needed \_\_\_\_\_

After completing, submit with all registration forms by mailing to:  
Pam Kance ■ PA Bar Association ■ 100 South Street ■ PO Box 186 ■ Harrisburg, PA ■ FAX: 717-238-4134