TRIAL ADVOCACY COMPETITION
ENTRY FORM

2018 ENTRY FORM
Application Deadline: October 2, 2018

ABA Section of Labor and Employment Law
ATTN: Christopher Meacham
321 North Clark Street
Chicago, IL 60654
laborempllaw@americanbar.org

(PRINT NEATLY OR TYPE)

A photocopy of each student’s ID (current year school issued ID
not state drivers license or other ID card) must be attached
Please list Contact Person for Team first.

1. Name: ________________________________ ABA # ____________________
Address: ___________________________________________________________
Street: _____________________________________________________________
City: __________________________ State: ______________ Zip: ____________
Telephone: ____________________ E-mail: _____________________________

2. Name: ________________________________ ABA # ____________________
Address: ___________________________________________________________
Street: _____________________________________________________________
City: __________________________ State: ______________ Zip: ____________
Telephone: ____________________ E-mail: _____________________________

3. Name: ________________________________ ABA # ____________________
Address: ___________________________________________________________
Street: _____________________________________________________________
City: __________________________ State: ______________ Zip: ____________
Telephone: ____________________ E-mail: _____________________________
2018 ENTRY FORM

4. Name: ________________________________ ABA # ____________

Address: _______________________________________________________

Street: _________________________________________________________

City: ____________________________ State: ____________ Zip: __________

Telephone: ________________________ E-mail: _______________________

COACH INFORMATION

Name: __________________________________________________________

Address: _______________________________________________________

Street: _________________________________________________________

City: ____________________________ State: ____________ Zip: __________

Telephone: ________________________ E-mail: _______________________

Please indicate your team’s preferred location(s):

_____ Dallas * October 27-28

_____ Miami * October 27-28

_____ Washington * November 3-4

_____ Chicago * November 3-4

_____ Los Angeles * November 17-18

_____ New York * November 17-18
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:                           

__________________________

Upon receipt of a completed version of this form, a web link will be sent to the submitter for submission of the $400.00 registration fee via credit card. Once payment is completed, a confirmation of enrollment will be sent to participants. Registration is not complete until payment has been received.

Entry Fees Are Not Refundable