

2019

CERTIFICATION OF PARTICIPATION IN REGIONAL/PRACTICE TRIAL

PLEASE PRINT OR TYPE INFORMATION OTHER THAN SIGNATURES.

I hereby affirm that _____ (name of school/team) has participated in a practice/regional trial against _____ (name of school/team) on _____ (date).

Presiding over this trial was _____
(name of judge/lawyer).

Name of Teacher/Coach _____
PLEASE PRINT OR TYPE

Signature of Teacher/Coach _____

Name of Presiding Judge/Lawyer _____
PLEASE PRINT OR TYPE

Signature of Presiding Judge/Lawyer _____

If your team participated in a formal regional trial, forms may be signed by the regional coordinator rather than the presiding judge or lawyer.

Submit form to Coordinator, Katy Karayannis, by electronic submission via Google Drive or email at il.hs.mocktrial@gmail.com.

Certificate of Participation Form Must be Submitted By:

March 1, 2019

Failure to submit this form on time may disqualify your team from participation in the 2019 Invitational.