



The Michigan Center for Education
and
The State Bar of Michigan Present:

2019-2020 Michigan Mock Trial Team Roster

Dear Mock Trial Community Member,

Thank you for all the work you have invested with your students to better their own appreciation of the legal system and to advance appreciation for the legal system in Michigan. The showcase and competitive season is just around the corner. Enclosed are the final documents to complete for participation.

This form should help walk you through the final step to finish your registration. **Please return no later than February 3, 2020.** Enclosed you will find the forms for:

- School & District Information
- Legal Team Roster
- Courtroom Artist and Journalist Roster
- Community Coach Recognition
- Final Confirmation and Signatures

Approximately a week prior to your regional, a final note regarding tournament / day of logistics will be sent. Please review with your students and community. Please also remember your code of conduct form to be signed and turned in at registration with all your participant names included.

As always, if we can be of assistance in anyway, please reach out to us!

With gratitude,

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The Michigan Center for Civic Education
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www.miciviced.org
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SCHOOL & DISTRICT INFORMATION

School or Organization Name:	
School Address:	
School District:	
Primary School Teacher/ Coach Contact Name:	
Contact Email:	
Contact Phone:	
Assigned Regional:	
Name of Local Paper:	
Name of Building Principal:	
Name of Superintendent or Similar:	

LEGAL TEAM INFORMATION

Add between 6 and 10 students per team. Schools may enter up to 3 teams. Using the boxes below, please type the student's name as it should appear on a program. Use the "Notes" field to share any accessibility or other concerns.

LEGAL TEAM 1 (Please enter team 'name' below. If one team, may be the school name. If more than one team, please provide an additional names - maybe school mascot, colors, etc.)				
TEAM NAME:				
	Team Members (please print clearly and print as names should appear on program and on certificates)	Grade	Check if designated time-keeper	Notes. Please indicate any accessibility or other concerns.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

LEGAL TEAM 2 (Please enter team 'name' below. If one team, may be the school name. If more than one team, please provide an additional names - maybe school mascot, colors, etc.)

TEAM NAME:

	Team Members (please print clearly and print as names should appear on program and on certificates)	Grade	Check if designated time-keeper	Notes. Please indicate any accessibility or other concerns.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

LEGAL TEAM 3 (Please enter team 'name' below. If one team, may be the school name. If more than one team, please provide an additional names - maybe school mascot, colors, etc.)

TEAM NAME:

	Team Members (please print clearly and print as names should appear on program and on certificates)	Grade	Check if designated time-keeper	Notes. Please indicate any accessibility or other concerns.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

CALLING ALL COURTROOM ARTISTS AND JOURNALISTS!

Any school, organization, or similar may enter up to 6 individuals in the Courtroom Artist and Journalist Competition and Showcase. In the space below, please enter the school name. In the first box, please write the full name of the student. In the second box, please enter either “Artist” for the illustration showcase and competition or “Journalist” for the journalism showcase and competition. Updates on the rules and guidelines can be found here:

Courtroom Artist Rules and Guidelines: <http://bit.ly/MICourtroomArtist>

Courtroom Journalism Rules and Guidelines: <http://bit.ly/MICourtroomJournalism>

Any person registering who is not an employee of a school should also complete [the non-employee authorization form](#). I also agree to communicate any changes to MCCE as soon as they are known.

COURTROOM ARTISTS AND JOURNALISTS!			
SCHOOL OR ORG NAME:			
Courtroom Artists and Journalists (please print clearly and print as names should appear on program and on certificates)	Grade	Artist Or Journalist?	Notes. Please indicate any accessibility or other concerns.
1		<input type="checkbox"/> Artist <input type="checkbox"/> Journalist	
2		<input type="checkbox"/> Artist <input type="checkbox"/> Journalist	
3		<input type="checkbox"/> Artist <input type="checkbox"/> Journalist	
4		<input type="checkbox"/> Artist <input type="checkbox"/> Journalist	
5		<input type="checkbox"/> Artist <input type="checkbox"/> Journalist	
6		<input type="checkbox"/> Artist <input type="checkbox"/> Journalist	

COMMUNITY COACHES

Help us celebrate community and those who help you bring Mock Trial to your students. Please list below your community coaches who have assisted you. Please duplicate this information to acknowledge your complete coaching team.

COMMUNITY COACHES. Please write their name, including any honorifics, as it should be acknowledged in print.	
Name	
Title	
Organization, Firm (if)	
Organization, Firm Address	

COMMUNITY COACHES. Please write their name, including any honorifics, as it should be acknowledged in print.	
Name	
Title	
Organization, Firm (if)	
Organization, Firm Address	

COMMUNITY COACHES. Please write their name, including any honorifics, as it should be acknowledged in print.

Name	
Title	
Organization, Firm (if)	
Organization, Firm Address	

COMMUNITY COACHES. Please write their name, including any honorifics, as it should be acknowledged in print.

Name	
Title	
Organization, Firm (if)	
Organization, Firm Address	

Payment

At this time, all team payment fees should have been received. If you still need to pay for the Courtroom Artists and Courtroom Journalists, please pay the \$10 registration fee. Please calculate your total due:

Total Payment Amount: Number of Artists & Journalists ____ x \$10.00 = \$_____.

Payment Options:

___ Check enclosed. Please make checks payable to and return to:
Michigan Center for Civic Education,
Attn: Mock Trial Clinic
306 Townsend Street,
Lansing, MI 48933

___ Pay/register online via PayPal
(can pay via PayPal account, debit, or credit card)
There are two steps and screens to pay online.

1. Go to <http://www.miciviced.org/donate>.
This is the Donate Page. Fill out the form and place your school, your name, and the number of registrations in the comment form. Click submit.
2. Once you hit submit, this will take you to the PayPal page. Please provide relevant information. Note: PayPal charges approximately \$1 per clinic registration, if you have the means, please consider offsetting the cost of electronic entry.

You can also call us to pay via square pay. Please call Ellen at (248) 321-4842.

CONFIRMATION

VOLUNTEER/ADULT CODE OF CONDUCT REMINDER AND PHOTOGRAPHY REMINDER

By submitting the roster, I acknowledge full compliance with the Adult Code of Conduct for myself, coaches, and all adults I bring into the event space as well as the photo and likeness release policy. A full copy of the Code can be reviewed here: <http://bit.ly/MCCEVolunteer>.

By submitting the roster, I also agree to uphold the Code of Conduct for students and adults per the Mock Trial Handbook. I also understand and agree to the code of conduct. I also understand and agree to the photo release.

Signature of Approving and Attending Teacher/Coach/Authorized Adult:

Signature _____ Role _____

Printed Name _____