

CHARLESTON

S C H O O L O F L A W

CSOL National Moot Court Competition Registration Form

Official Name of Law School: _____

Name of Contact Person: _____

Complete Mailing Address

Street Address 1: _____

Street Address 2: _____

City: _____

State: _____

Zip Code: _____

Contact Information

Telephone Number of Contact Person: _____

Fax Number of Contact Person: _____

Email Address of Contact Person: _____

Team Members

Team One Members (if known) 1. _____

2. _____

Coach: _____

Team Two Members (if known) 1. _____

* If space permits

2. _____

Coach: _____