

# **NEVADA MOCK TRIAL TEAM LIST**

2015

---

**School Team Name**

A copy of this list shall be completed (PLEASE PRINT OR TYPE) and provided to the registration official upon arrival at the regional competition. It must contain the name of each team member and contain at least 6 but no more than 8 names. At no time may any team for any reason substitute any person in place of any official team member. This list will not be provided to any scoring or presiding judge.

### **Names of Student Team Members**

---

---

---

---

---

---

---

---

---

---

**I understand the requirements stated above.**

**Dated:** \_\_\_\_\_

---

**Teacher Coach**