

MOCK TRIAL REGIONAL TOURNAMENT SITE REPORT FORM

REGION # _____

COORDINATOR _____

To help us keep accurate records of the mock trial tournament, please fill out and return this form as soon as you have determined where your regional tournament will be held on **February 11, 2012**.

1. **TOURNAMENT LOCATION**

Address _____

City _____

Contact at site: _____ Phone: _____

2. **STARTING TIME:** _____

3. Cell Phone (number you can be reached at during the event) _____

Please return this form as soon as possible to:

State Bar of Wisconsin, Mock Trial Tournament, P.O. Box 7158,
Madison, WI 53707-7158.

or

Fax to 608-257-5502 – Attention: Kathy Sturz
or email ksturz@wisbar.org



STATE BAR OF WISCONSIN