



## Intent to Participate Form

*(Please return form as soon as possible.)*

School: \_\_\_\_\_

School Principal: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Area Code/Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

---

---

**Check/complete all that apply:**

- Yes**, our school **WILL** participate in the Tulare County Office of Education Mock Trial and submit registration payment of \$300 per team before competition begins.
- Yes**, our coach(es) or a school representative will attend the informational meetings, on Thursday, October 1, **2009** in the Multi-Purpose Room and December 8, 2009 at 4:30 pm, in the Multi-Purpose Room at:  
Tulare County Office of Education - Doe Complex, 7000 Doe Avenue, Visalia, CA 93291.

Official Coaches	Coaches' Email Address
1.	
2.	

- No**, our school **WILL NOT** participate in this year's competition because:

---

*(To help us understand your needs, please indicate why.)*

**Please fax no later than Wednesday, September 30, 2009 to:**

Paula Terrill  
Assistant Student Event Coordinator  
**(559) 651-0516 [fax]**  
(559) 651-0565 [phone]  
[paulat@ers.tcoe.org](mailto:paulat@ers.tcoe.org)