

VOLUNTEER LAWYER/COACH RESPONSE FORM

2012 MOCK TRIAL COMPETITION

NAME: _____

ADDRESS: _____

SUITE #: _____

CITY: _____ STATE: Illinois ZIP: _____

DAYTIME PHONE: _____ CELL# _____

FAX #: _____

EMAIL: _____

DAYTIME AVAILABILITY IS NECESSARY FOR COACHING

PLEASE FAX OR RETURN YOUR RESPONSE FORM TO THE
FOLLOWING:

MARY ALICE BRICE
69 WEST WASHINGTON - SUITE 3300
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312-603-1915
FAX 312-603-1929
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