

**American Mock Trial Association  
Team Roster Form**

**Please use this form, or, provide the information requested in substantially the same format. Computer printed rosters are preferable to avoid spelling mistakes due to illegible handwriting.**

School Name: \_\_\_\_\_ Team Number: \_\_\_\_\_

Please list the names and cell phone numbers of all coaches who are with the team on-site for part or all of this tournament.

Coach Name	Coach Cell Phone
_____	_____
_____	_____
_____	_____

Please list, in alphabetical order, the students who will serve as attorneys, witnesses, timekeepers, and/or alternates at this tournament for this team. Please include the cell phone number for the team captain(s). **Your roster must have at least six persons, but no more than ten persons.**

Student Name	Cell Phone # (if captain)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____