Iowa Mock Trial
Team Roster

Please list the team members participating in this year's competition and note which role(s) each will undertake. This form should be submitted to your regional tournament coordinator at the time of registration the day of competition. As always, last minute substitutions are allowed. Please notify the regional coordinator of any changes.

School: _____ Team: _____

Teacher-Coach: _____

Attorney-Coach: _____

Student Name *(Please Print)*	**P** Role	**D** Role