**2022 - 2023 JULIUS ALEXANDER ISAAC MOOT**

**REGISTRATION FORM**

* Please complete **one** application form per participating school.
* Please submit the completed form electronically by **Friday, November 4, 2022, at 4:30PM** EST to Chinonso Ekeanyanwu, National Moot Director at **moot@blsacanada.com**
* Please pay the applicable registration fee(s) through the Black Law Students’ Association of Canada website at blsacanada.com:
* $550.00 CAD for a team of (4) + Coach
* $650.00 CAD for a team of (5) + Coach
* $100.00 CAD for additional coach + reception ticket

Please note that registration fees **DO NOT** include hotel accommodations. The Isaac Moot Committee will be contacting teams in early December with information on the official Moot Hotel. We plan to negotiate a reduced rate.

**SCHOOL INFORMATION**

| LAW SCHOOL: |  |
| --- | --- |
| PRIMARY CONTACT PERSON: |  |
| TELEPHONE NUMBER: |  |
| MAILING ADDRESS: |  |

**FACULTY COACH INFORMATION**

Please indicate the number of Coaches:

**Coach #1**

| NAME |  |
| --- | --- |
| TELEPHONE NUMBER: |  |
| MAILING ADDRESS: |  |
| EMAIL ADDRESS: |  |
| DIETARY RESTRICTIONS: |  |

**Coach #2**

| NAME |  |
| --- | --- |
| TELEPHONE NUMBER: |  |
| MAILING ADDRESS: |  |
| EMAIL ADDRESS: |  |
| DIETARY RESTRICTIONS: |  |

**Coach #3**

| NAME |  |
| --- | --- |
| TELEPHONE NUMBER: |  |
| MAILING ADDRESS: |  |
| EMAIL ADDRESS: |  |
| DIETARY RESTRICTIONS: |  |

**STUDENT PARTICIPATION INFORMATION**

**Appellant Team**

| STUDENT NAME: |  |
| --- | --- |
| EMAIL ADDRESS: |  |
| TELEPHONE NUMBER: |  |
| DIETARY RESTRICTIONS: |  |

| STUDENT NAME: |  |
| --- | --- |
| EMAIL ADDRESS: |  |
| TELEPHONE NUMBER: |  |
| DIETARY RESTRICTIONS: |  |

**Respondent Team**

| STUDENT NAME: |  |
| --- | --- |
| EMAIL ADDRESS: |  |
| TELEPHONE NUMBER: |  |
| DIETARY RESTRICTIONS: |  |

| STUDENT NAME: |  |
| --- | --- |
| EMAIL ADDRESS: |  |
| TELEPHONE NUMBER: |  |
| DIETARY RESTRICTIONS: |  |

**Researcher/Alternate (If Needed)**

| STUDENT NAME: |  |
| --- | --- |
| EMAIL ADDRESS: |  |
| TELEPHONE NUMBER: |  |
| DIETARY RESTRICTIONS: |  |

**SIGNATURES**

**Student Participant #1**

|  |  |
| --- | --- |
| **NAME PRINTED** | **SIGNATURE** |

**Student Participant #2**

|  |  |
| --- | --- |
| **NAME PRINTED** | **SIGNATURE** |

**Student Participant #3**

|  |  |
| --- | --- |
| **NAME PRINTED** | **SIGNATURE** |

**Student Participant #4**

|  |  |
| --- | --- |
| **NAME PRINTED** | **SIGNATURE** |

**FACULTY COACH**

|  |  |
| --- | --- |
| **NAME PRINTED** | **SIGNATURE** |

**LAW FACULTY DEAN**

|  |  |
| --- | --- |
| **NAME PRINTED** | **SIGNATURE** |