

SUMMER HIGH SCHOOL TRIAL ACADEMY STUDENT APPLICATION

Student's Full Name	
Student's Email Address	
Student's Telephone Number	
Student's Mailing Address	
Student's Age Student's Date of Birth	Student's T-Shirt Size
Student's High School	
Expected Year of High School Graduation	
Describe Student's Mock Trial Experience	
Name of Parent/Legal Guardian	
Telephone Number of Parent/Legal Guardian _	
Email Address of Parent/ Legal Guardian	
Parent/Guardian Mailing Address (if different from str	udent's)
Academy" to use your student-child's photo or likeness in our likeness for the strict intended purpose in a professional mar	allow the University of Denver's College of Law's "Summer Trial promotional materials. The Trial Academy will use these photos and nner, and not outside of the professional application intended. The ng taken and reserves the right to destroy them, use them, and/or not used for resale.
Signature of Student	Date
Signature of Parent/Guardian	Date Date

Email this signed Application and the signed Honor Code (and Scholarship Application if applicable) to DSchott@law.du.edu, and mail check or other documents to The Advocacy Department, University of Denver Sturm College of Law, 2255 East Evans Avenue, Suite 230-D, Denver Colorado 80208. All checks should be made payable to University of Denver Sturm College of Law. Acceptance notices will be communicated via email. Within one week (7 days) of acceptance, please forward under separate cover sheet, any allergies or medical conditions from which the student-attendee suffers and of which the Academy should be aware.