

Fax:

Address:



With financial support of UNHCR

INTERNATIONAL ASYLUM LAW MOOT COURT COMPETITION 2010

Registration Form

	Team N: (Team Number will be assigned by the organizers)	
Fully completed registration forms should be sent to The Human Rights League by February 19, 2010 by email: fajnorova@hrl.sk , or fax: + 421 2 546 42 439		
SCHOOL INFORMATION		
University:		
Clinic:		
Clinic Telephone (please include co	untry and area codes):	
Clinic fax:	Clinic e-mail:	
Clinic address:		
Country:		
TEAM CONTACT PERSON		
All correspondence will be directed to MCC information to the other team r	to the Team Contact, who is responsible for distributing nembers.	
Name:		
Email:		
Phone (please include country and a	area codes):	

TEAM COACH FACULTY ADVISOR INFORMATION

Name (in Latin letters, start with family name):	Title:
Telephone (please include country and area codes):	
Telephone 2:	
Email:	
STUDENT PARTICIPANTS	
1. Name:	
Passport number:	
Date of Birth (M/D/YYYY):	
Email:	
Academic year:	
Dietary needs:	
2. Name:	
Passport number:	
Date of Birth (M/D/YYYY):	
Email:	
Academic year:	
Dietary needs:	
We have read the <i>Rules of the International Asylum Lav</i> agree to the terms stated therein. We understand that fa jeopardize our team's eligibility and/or participation in the	ailure to comply with these terms can
Name of the Team Contact:	
Date (MM/DD/YYYY):	