APPENDIX: ADMINISTRATIVE INFORMATION AND FORMS

CONTACTS

Law Week Co-Chairs
Kimberly Murrell
NC Dept. of Justice
(919) 716-6857
Kmurrell@ncdoj.gov

Andrew Atkins
Smith Anderson
(919) 821-6715
aatkins@smithlaw.com

Moot Court Subcommittee Co-Chairs
Marissa Meredith
Elon University School of Law
(336) 279-9368
Mmeredith2@elon.edu

Sidney Thomas
NC General Assembly
sidneythomas910@yahoo.com
TEAM FORM

PLEASE RETURN TO: mmeredith2@elon.edu and sidneythomas910@yahoo.com

Team Members’ Names: ____________________________________________  ____________________________________________

Team Members’ Mailing address and contact information:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Tel: ______________________ Grade: _____ Tel: ______________________ Grade: _____

Sponsoring High School(s): ________________________________________________

Address(es):
__________________________________________________________________________
__________________________________________________________________________

School Dist./County: _______________________________________________________

School Principal: __________________________________________________________
Office Phone: _____________________________________________________________

School official working closely with the above team.
Name: __________________________ Position: ________________________________
Email: __________________________

This form is due 5:00 PM Friday, March 1, 2019.  GOOD LUCK.
REIMBURSEMENT FORM

Please: ANDREA BRADFORD, NCBA COMMUNITIES MANAGER
Return to: abradford@ncbar.org

Please reimburse _____________________________________ for the following expenses related to the 2019 Law Day Moot Court competition:

________ miles of travel to the Regional Competition and other expenses as follows:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

☐ I have attached receipts for all expenses other than competition day travel.

Our school represented _________________ County.

__________________________________________
(Teacher’s Signature)

__________________________________________
(School Name)

__________________________________________
(School Address)

Reimbursement requests received after Friday, May 24, 2019, will not be considered.
Your feedback will help improve the Community Law Week program. If you would like to hear back from the Law Week Committee regarding your responses, please include your contact information below. On behalf of the North Carolina Bar Association Young Lawyers Division:

THANK YOU!

Would you recommend this competition to a friend?

- YES  - NO

Was the activity stimulating for the students?

- YES  - NO

Was the activity worthwhile to you?

- YES  - NO

Was it burdensome to teachers/advisors/coaches?

- YES  - NO

Did you enjoy participating or your role?

- YES  - NO

Were the provided materials adequate?

- YES  - NO

Did the program meet its goals/expectations?

- YES  - NO

Will you participate next year?

- YES  - NO

Should this program be continued?

- YES  - NO

1. I am a:  
   - student  
   - teacher  
   - parent  
   - volunteer  
   - YLD member  
   - NCBA member

2. I participated ________ hours this year in the moot court competition.

3. Comments (continue on back):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please return by Friday, May 24, 2019.

Your contact information is only necessary if you would like feedback.

Name: ____________________________ Role: ____________________________

Contact Information: ____________________________ County/Judicial District: ____________________________