

# Sexual Orientation Law Moot Court Competition

## Certification of Oral Argument Practice Before a Federal or State Court Judge

Law School: \_\_\_\_\_

Team Number: \_\_\_\_\_

Team member to whom a check should be issued:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Social Security Number: \_\_\_\_\_

*The members of the above team certify that the team performed a practice round of oral arguments before the following judge:*

Name of Judge: \_\_\_\_\_

Court: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Judge: \_\_\_\_\_

Signed,

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Printed names of team members)

(Signatures of team members)