**24th Annual NCTC Association Summit**

**COUNTY:**

**MASTER REGISTRATION SHEET**

**\*\*All people registered with your group must be TYPED into this form\*\***

**Save this form as: *CountyName*\_2025\_Registration.**

**Email to Tonya Terrell by February 28, 2025.** [**tterrell@caswellcountync.gov**](mailto:tterrell@caswellcountync.gov)

**Also, include a printed completed copy in your registration packet.**

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| **NAME OF YOUTH(S)** | **POSITION** | **ATTENDEE ONLY** |
|  | PROSECUTOR #1 |  |
|  | PROSECUTOR #2 |  |
|  | DEFENSE #1 |  |
|  | DEFENSE #2 |  |
|  | CLERK |  |
|  | BAILIFF |  |
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| **NAME OF CHAPERONE(S)** | **ONSITE CONTACT NUMBER** |  |
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