Ellen A. Awuletey Justice Issues Moot Court Competition - 2026

Team Registration Form

1. Team Registration Form

Each team must complete this Team Registration Form for administration purposes. This form shall be submitted by **August 21, 2026** to the following email address:

upsa.lawschool@upsamail.edu.gh

Each team shall receive their respective Team Number after filling and submitting the registration form. The Team Number shall be given ahead of the deadline for submission of memorials.

2. Contact Information

If you have any questions relating to the arrangements for the competition, kindly contact either of the following emails:

Official email:
upsa.lawschool@upsamail.edu.gh

Other enquiries:

Gertrude Amarh
Email: Getrude.amarh@upsamail.edu.gh
Tel. number: +233 245347946

TEAM DETAILS

TEAM REGISTRATION FORM MUST BE SUBMITTED TO:

upsa.lawschool@upsamail.edu.gh

Deadline: August 21, 2026

TEAM COACH	
Surname: Please specify if: Mr. - Mrs. - Ms.	
First name(s):	
Occupation: (Professor, staff-member, student, etc.)	
Name of the university including its address and name of the faculty:	
Personal address:	
Phone:	E-mail:
Signature:	

TEAM INFORMATION

(Teams can be composed of 5 people)

Team Member 1	
Surname: Please specify if: Mr. - Mrs. - Ms.	
First name(s):	
Name of the university including its address and name of the faculty:	
Personal address:	
Phone:	E-mail:
Signature:	

TEAM INFORMATION

(Teams can be composed of 5 people)

Team Member 2	
Surname: Please specify if: Mr. - Mrs. - Ms.	
First name(s):	
Name of the university including its address and name of the faculty:	
Personal address:	
Phone:	E-mail:
Signature:	

TEAM INFORMATION

(Teams can be composed of 5 people)

Team Member 3	
Surname: Please specify if: Mr. - Mrs. - Ms.	
First name(s):	
Name of the university including its address and name of the faculty:	
Personal address:	
Phone:	E-mail:
Signature:	

TEAM INFORMATION

(Teams can be composed of 5 people)

Team Member 4	
Surname: Please specify if: Mr. - Mrs. - Ms.	
First name(s):	
Name of the university including its address and name of the faculty:	
Personal address:	
Phone:	E-mail:
Signature:	

TEAM INFORMATION

(Teams can be composed of 5 people)

No changes to the composition of the Teams

Team Member 5	
Surname: Please specify if: Mr. - Mrs. - Ms.	
First name(s):	
Name of the university including its address and name of the faculty:	
Personal address:	
Phone:	E-mail:
Signature:	