

APPLICATION FORM MFDR 2024 COMPETITION

Date		<input type="checkbox"/>
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Team Name		<input type="checkbox"/>
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Institution		<input type="checkbox"/>
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Team Members

Name				<input type="checkbox"/>
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JD / PCLL / LLB		Year of study		<input type="checkbox"/>
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Name				<input type="checkbox"/>
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JD / PCLL / LLB		Year of study		<input type="checkbox"/>
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Team details

Contact Name		<input type="checkbox"/>
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Contact Email		<input type="checkbox"/>
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By submitting this application form, you confirm that (tick all that apply):

<input type="checkbox"/>	We have read and agree to the Rules of the MFDR 2024 Competition	<input type="checkbox"/>
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<input type="checkbox"/>	We confirm that we are each current LLB / JD / PCLL students as at the date of the competition	<input type="checkbox"/>
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<input type="checkbox"/>	We agree to abide by the decisions of the Organisers of the MFDR 2024 Competition	<input type="checkbox"/>
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