

**Marshalling Scheme**

**Registration Form for Judges**

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| --- | --- |
| **Name:** |  |
| **Professional Address:** |  |
| **Contact Number:** |  |
| **Email Address:** |  |

Please complete the section below giving the dates you are available to take a marshal (this may be a month or specific dates)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **From** | **To** | **Type of Case** | **Court or Location** | **Length of placement (3/4/5 days)** |
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| **How many marshals are you willing to take this year?** |  |

**Additional information:**

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|  |

**Please return to:**

Sarah Hankinson, Marshalling, Ashley Building, Middle Temple Lane, London, EC4Y 9BT

Or s.hankinson@middletemple.org.uk