## The Classical Association of Virginia

The Eighty-Seventh Annual Latin Tournament March 20-24, 2017

## **REGISTRATION FORM**

Please print out this form and type or print the following information. This form must be POSTMARKED no later than February 15, 2017.

School Name:				
School Address:				
School Phone: School Fax:				
Gamma (magnet	nt/private/homeschool) /governor's/charter)		st Latin Level Offered 3 4 5+	
(ALL listed must be CA	Entering Students, E-mail and Home AV members. Those teaching Latin f	Phone (1 or the fir	equired), Dues Paid? st time in VA are "free" members for th	is vear )
Name				es/No/New
Name and Title of perso	on to whom tests and directions will l	be sent: _	·	
Number of Entrants:	Latin I Latin II Advanced Latin Prose Caesar Advanced Latin Poetry # of tests x \$3.00		N.B. Your entrant registration feel school is entering for the first time 5 years. Please write "FREE" by the We will check our records to verify	or first time in he dollar sign.
CAV Membership \$20.00 per teacher (after Nov. 1, 2016)		=	\$	
	Total amount enclosed	=	<b>\$</b>	
early adm	dministration March 20-24, 2017 ninistration March 14-17, 2017	n weeks,	please contact me to discuss other option	ns
	t, payable to the <b>Classical Association</b> he CAV Tournament Registrar:	on of Vir	ginia, must be mailed with this form, po	stmarked <b>by</b>

**Kevin Jefferson** 

5809 Chase Commons Ct. #205 Burke, VA 22015 kevinsjefferson@gmail.com

He must receive BOTH this form AND your check for your registration to be processed.