

The Classical Association of Virginia

The Eighty-Ninth Annual Latin Tournament

March 18-22, 2019

REGISTRATION FORM

*Please print out this form and type or print the following information.
This form must be **POSTMARKED** no later than **February 13, 2019.***

School Name: _____

School Address: _____

School Phone: _____ School Fax: _____

Type of School _____ Highest Latin Level Offered
_____ Alpha (public) 1 2 3 4 5+
_____ Beta (independent/private/homeschool)
_____ Gamma (magnet/governor's/charter)

Name(s) of Teacher(s) Entering Students, E-mail and Home Phone (required), Dues Paid?
(**ALL** listed **must** be CAV members. Those teaching Latin for the first time in VA are "free" members for this year.)

Name	Email and Home Phone Number (required)	Yes/No/New

Name and Title of person to whom tests and directions will be sent: _____

Number of Entrants: _____ Latin I
_____ Latin II
_____ Intermediate Latin Prose
_____ Advanced Latin Prose
_____ Advanced Latin Poetry
_____ # of tests x \$3.00 = \$ _____

N.B. Your entrant registration fee is waived if your school is entering for the first time or first time in 5 years. Please write "FREE" by the dollar sign. We will check our records to verify.

CAV Membership \$20.00 per teacher (after Nov. 1, 2018) = \$ _____

Total amount enclosed	=	\$ _____
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Please choose an exam administration week:
_____ regular administration **March 18-22, 2019**
_____ early administration **March 11-15, 2019**
_____ we are on spring break for both administration weeks, please contact me to discuss other options

A check for this amount, payable to the **Classical Association of Virginia**, must be mailed with this form, postmarked by **February 13, 2019**, to the CAV Tournament Director:

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.