The Classical Association of Virginia

The Seventy-Ninth Annual Latin Tournament

March 30-April 3, 2009

REGISTRATION FORM

Please print out this form and type or print the following information.
This form MUST be postmarked no later than February 21, 2009.

School Name: _____

School Address: _____

_____

School Phone: _____ School Fax: _____

Type of School
_____ Alpha (public)
_____ Beta (independent/private)

Highest Latin Level Offered
1 2 3 4 5+

Name(s) of Teacher(s) Entering Students 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.)

_____ _____ yes no new

_____ _____ yes no new

_____ _____ yes no new

_____ _____ yes no new

E-mail Address of ONE teacher registering students: _____
Name and Title of person to whom tests and directions will be sent: _____

Number of Entrants:
_____ Latin I
_____ Latin II
_____ Advanced Latin Prose
_____ Vergil
_____ Catullus
_____ # of tests x $3.00 = $_____

CAV Membership $15.00 per teacher (after Nov. 1, 2008) = $_____

Total amount enclosed $_____

A check for this amount, payable to the **Classical Association of Virginia**, must be mailed with this form, postmarked **by February 21, 2009**, to the CAV Tournament Registrar:

Linda Hart Wagstaff
642 Spirea Drive
Richmond, VA 23236
804-794-9554
Linda_Wagstaff@ccpsnet.net

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