

Classics Day

Student Registration Form

Thursday, December 10, 2009
Boston University

Name School

Level of Latin (pick one) ½ I II III IV V _____
Grade

Parent's Name (please print) Daytime Phone Number

Emergency Contact (please print) Relationship Contact Phone

Lunch Choices (*Pick one box lunch; included will be potato chips, cookies, and water.*)

_____ Oven-Roasted Portobello Mushroom on 100% Whole Wheat Bread

_____ Buffalo Chicken Breast on a Cheddar Jalapeno Tortilla

_____ Pepper-Seasoned Roast Beef on Sourdough Bread

Workshops

All students must attend both workshop sessions. Please indicate the number of your first, second, and third choice for each session.

Workshop Session 1

First Choice _____

Second Choice _____

Third Choice _____

Workshop Session 2

First Choice _____

Second Choice _____

Third Choice _____

All registration materials must be postmarked by Wednesday, November 4. Please send materials to:

Grace Thomas
PO Box 674
Lunenburg, MA 01462