

The Classical Association of Virginia
The Eighty-First Annual Latin Tournament
 March 26– 30, 2012

REGISTRATION FORM

*Please print out this form and type or print the following information.
 This form **MUST** be postmarked no later than **February 17, 2012.***

School Name: _____

School Address: _____

School Phone: _____ School Fax: _____

<u>Type of School</u>	<u>Highest Latin Level Offered</u>
_____ 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	Yes/No/New

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

Number of Entrants: _____ Latin I
 _____ Latin II
 _____ Advanced Latin Prose
 _____ Vergil
 _____ 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 \$15.00 per teacher (after Nov. 1, 2011) = \$_____

Total amount enclosed \$_____

_____ regular administration 3/26-3/30
 _____ early administration 3/19-3/23
 _____ we are on spring break for the 2 weeks of administration, please contact me to discuss our test administration options

A check for this amount, payable to the **Classical Association of Virginia**, must be mailed with this form, postmarked **by February 17, 2012**, to the CAV Tournament Registrar:

Kathy Smerke
 4211 Whitacre Rd.
 Fairfax, VA 22032
 (703) 766-4997
 ksmerke@gmail.com

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