

# Registration Form



## Girls Day

Saturday, November 9, 2013

Walsh Amphitheater

St. Bonaventure University

St. Bonaventure, NY 14778

Funded by a Grant from the Lenna Foundation, Lakewood, NY

There is No Cost to Participate

### Student

Name (Print Clearly) \_\_\_\_\_

Grade (6, 7 or 8) \_\_\_\_\_

School \_\_\_\_\_

Please complete the following if you had attended a previous Girls Day at St. Bonaventure University.

I attended a previous Girls' Day in the year(s) \_\_\_\_\_

### Parent or Guardian

I will arrange transportation to and from Girls' Day at St. Bonaventure University for my child on Saturday, November 9, 2013, dropping her off no later than 8:45 a.m. and picking her up no later than 3:00 p.m..

Name (Print Clearly) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cell or Home Phone \_\_\_\_\_

(To Be Used In Case of an Emergency)

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Recommending Teacher/Counselor

Signature \_\_\_\_\_