

# Registration Form



## Girls' Day

Saturday, November 7, 2009

Walsh Amphitheater

St. Bonaventure University

St. Bonaventure, NY 14778

**Student name** \_\_\_\_\_  
Street address \_\_\_\_\_  
City, state, zip \_\_\_\_\_  
Phone number \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Grade \_\_\_\_\_  
Birth Date \_\_\_\_\_

Indicate by checking the appropriate box below whether you have attended a previous Girls' Day at St. Bonaventure University.

I attended a previous Girls' Day

I have NOT attended a previous Girls' Day

I will arrange transportation to and from Girls' Day at St. Bonaventure University for my child on Saturday, November 7, 2009.

**Parent/guardian printed name** \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**School** \_\_\_\_\_

**Recommending  
Guidance Counselor/Teacher** \_\_\_\_\_