Registration Form

16th Annual Girls’ Day
Saturday, October 28, 2017
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 it applies to you
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, October 28, 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 _______________________________________________

Recommending Teacher/Counselor

Signature _______________________________________________