The Catholic High School *of Baltimore*

STEM and Bio Med Day

Payment Form

Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email Address: _____

December 4, 2021 – 8:00 am to 12:00 pm
$25.00 Participation Fee

Payment can be made through cash, credit card, checks payable to *The* Catholic High School *of Baltimore* or taken over the phone with the Business Office at 410-732-6200 Ext. 1226

Please Circle One: VISA   /   MC   /   AmEx

Credit Card No: _____   Exp Date: _____

Signature: _____ Zip Code: _____

T-Shirt Size (adult sizes):   Small   Medium   Large   X-Large   2X Large
(Please note: T-shirts will be available to pre-registered quests only)

Parent/Guardian Signature: _____

PLEASE RETURN THIS FORM WITH PAYMENT TO:

Enrollment Office
The Catholic High School *of Baltimore*
2800 Edison Highway
Baltimore, Maryland 21213