

Fall Events 2019

Payment Form



Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Telephone Number: _____ Parent/Guardian Email: _____

☐ **STEM and BioMed Day**

November 2nd - 9:00am-12:00pm

\$25 Participation Fee

Payments 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. Please specify for which event you are paying.

Circle One: Visa / MC / AmEx

Credit Card No. _____ Exp. Date _____

Signature _____ Zipcode _____

T-shirt size: (adult sizes)

Small

Medium

Large

X-Large

2XL

Parent/Guardian Signature: _____ Date: _____

PLEASE RETURN THIS FORM WITH PAYMENT TO:

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