



**REGISTRATION FORM
2009-2011**

School: _____

Address: _____
(street)

_____ (city) _____ (province) _____ (postal code)

Telephone: (_____) _____

Fax: (_____) _____

Contact Person: _____

Position: _____

Email: _____

Principal's email: _____

AP courses offered at your school:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Please make cheque for \$100 payable to CAPSON & mail to:
CAPSON, c/o Lynda Robinson
St. Clement's School
21 St. Clements Avenue
Toronto, Ontario, M4R 1G8**

Please register before November 16, 2009.