



THE ST. MICHAEL SCHOOL  
THE COLLEGE SCHOOL  
CLAYTON SCHOOL'S FAMILY CENTER

### April 2008 Delegation Days Registration Form

Name \_\_\_\_\_

Title/Position \_\_\_\_\_

School/Business Name \_\_\_\_\_

Street/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Day Telephone \_\_\_\_\_

Evening Telephone \_\_\_\_\_

Registration will be confirmed via e-mail upon receipt of payment. Please indicate if you would prefer another means of confirmation.

**Payment:** Please enclose either (1) \$ 300 if registering prior to March 15, 2008 OR (2) \$350 if registering after March 15, 2008.

**Make check/money order payable to:** St. Michael School

**Mail Payment/Registration Form to:** The St. Michael School  
6345 Wydown Blvd.  
St. Louis, Mo. 63105  
Attn: Kathy Dicke

Contact LeAnn Morrissey at 314.809.3754 or [lmorrissey@reggiocollab.org](mailto:lmorrissey@reggiocollab.org) if you have any questions or concerns.

**CANCELLATIONS** Cancellations must be received in writing to The St. Michael School, 6345 Wydown Blvd., St. Louis, MO, 63105 or [lmorrissey@reggiocollab.org](mailto:lmorrissey@reggiocollab.org) by April 12, 2008 to receive a 50% refund.