

1924 THE PHILADELPHIA CLASSICAL SOCIETY 2009

SEVENTIETH ANNUAL CLASSICS WEEK

Saturday, March 14, 2009 (*die Saturni, pridie Idus Martias MMDCCCLXII A.U.C.*)

Dear Student of the Classics,

Congratulations! You have won a special award in the annual Classics Week competitions sponsored by the Philadelphia Classical Society. The officers of the Society and I are pleased to invite you to the Annual Luncheon, which will be held at Drexelbrook Catering in Drexel Hill, Pennsylvania. This year marks the seventieth year of our Society's competitions. Your participation demonstrates the ongoing value and importance of the noble tradition of the classics, and we thank you!

The annual Awards Luncheon will be held: Saturday, April 25, 2009 at 12 noon
Drexelbrook Catering
4700 Drexelbrook Drive
Drexel Hill, PA
www.drexelbrookcatering.com

We look forward to celebrating your achievement at this festive occasion, along with your parents, grandparents, and any other well-wishers you will bring with you.

The cost of the served luncheon is \$22.50 per person, student or adult. Admission is by ticket only. Again, this year, the seating in the banquet area is limited; no one may pay at the door. Therefore, please complete the form at the bottom of this letter, detach it, and give it with your check to your teacher as soon as possible (**by Tuesday, April 7, 2009**). Checks should be made payable to the **Philadelphia Classical Society**. Those especially classically inclined are invited to wear a toga, tunica, or stola. **If your project has been designated "Best of Show", please bring it to the banquet hall by 11 a.m.**

Thank you for your interest in the classical languages and for your successful participation in our competition. We are looking forward to greeting you in April at the Awards Luncheon.

Sincerely,
Dr. Edward Sacks, President, for the Officers of the Philadelphia Classical Society

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**PHILADELPHIA CLASSICAL SOCIETY'S ANNUAL AWARDS LUNCHEON
PLEASE RETURN THIS FORM TO YOUR TEACHER BY TUESDAY, APRIL 7, 2009.**

STUDENT REGISTRATION

Name of student: _____

Address: _____

Telephone: _____ School: _____

Teacher: _____

AGE CATEGORIES (PLEASE INDICATE NUMBERS IN EACH CATEGORY):

ADULTS (OVER 18): [] STUDENTS (AGES 13-18): [] CHILDREN (12 YEARS AND UNDER): []

MEAL SELECTIONS (PLEASE INDICATE NUMBERS): CHICKEN: [] VEGETARIAN: []

PLEASE INDICATE FOOD ALLERGIES: _____

Number of tickets (including one for student) at \$22.50 each: _____ tickets

*Please make checks payable to **The Philadelphia Classical Society*** **Amount Enclosed:** \$ _____