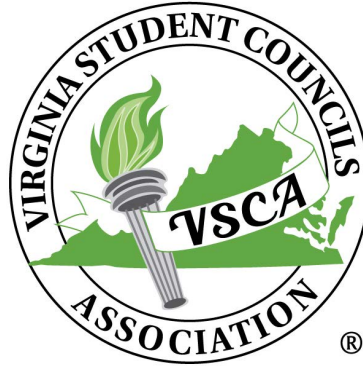


VIRGINIA STUDENT COUNCILS ASSOCIATION



93rd ANNUAL STATE CONVENTION

“Lighting the Fire of Leadership”

March 22-24, 2019

**The Founders Inn
5641 Indian River Road
Virginia Beach, Virginia 23464**

Please note: Only VSCA Member Schools will be permitted to attend

2019 VSCA STATE CONVENTION
March 22-24, 2019
INSTRUCTIONS AND INFORMATION

Hotel Registration: Schools are responsible for making hotel reservations. The Founders Inn special VSCA room rates are **\$91.00 + tax** (currently 14% for state and local taxes; plus \$2.00 per day for occupancy tax) for double, triple and quad occupancy. Hotel registration deadline is February 19, 2019. Room rates are not guaranteed after this date. The group code is VSCA.

If you would like to pay with a check (one per school), please complete the enclosed **hotel registration form**, make check payable to the *Founders Inn* and mail to the address provided below.

REGISTRATION PACKET DEADLINES

\$165.00 per person	Early Registration	Postmarked by January 11, 2019
\$185.00 per person	Regular Registration	Postmarked by February 8, 2019
\$205.00 per person	Late Registration	Postmarked by March 1, 2019

NO REGISTRATIONS ACCEPTED AFTER March 1, 2019.

These fees cover materials, consultants, entertainment, **five (5)** meals (Friday dinner, Saturday breakfast, lunch, awards banquet, and Sunday breakfast), and a convention tee-shirt.

Each school registered to attend must be a registered VSCA Member for the 2018-2019 school year. If you are a nonmember, please complete a membership application and include with registration.

Enclose one check per school made payable to "VSCA" and mail to the VSCA state office. Requested refunds will be granted in accordance with VSCA policy (page 8).

Registration Checklist:

_____ **Register online** or complete the hotel registration forms and enclose a check for the total payment amount of your reservation. Make check payable to *The Founders Inn*. The group code is VSCA.

_____ Mail the hotel registration form and check to:

Attention: Jordan Vallerga
The Founders Inn
5641 Indian River Rd
Virginia Beach, VA 23464

All hotel reservations and payments must be received by February 19, 2019.

_____ Complete all VSCA registration forms including financial enclosure, medical permission forms for each participant, code of conduct and policy forms for each student, as well as a membership application if your school is currently a nonmember.

_____ Enclose **ONE CHECK** payable to VSCA to cover the registration fee for each participant. Schools who are just joining the VSCA must include their membership dues in this same check. Convention registrations cannot be processed from nonmember schools.

_____ Mail the VSCA registration packet and check to: VSCA State Office, 4909 Cutshaw Avenue, Richmond, VA 23230.

2019 VSCA STATE CONVENTION
March 22-24, 2019
The Founders Inn
Hotel Registration Form

GUEST ROOM RATES: \$91.00 per room, per day (plus 14% for state and local taxes; plus \$2.00 per day for occupancy tax, total \$105.74)
Up to four occupants

If paying by check, please include tax in total payment amount. If the check does not include full payment a credit card will be required at time of check-in for the remaining balance.

 Advisor Name

()
 Cell Phone

 Email

 School Name

()
 Telephone

 School Address

 City

 State

 Zip

Indicate Size	Arrival Date	Departure Date	Student	Full Name of Each Room Occupant
() Single				
() Double			() YES	
() Triple			() NO	
() Quad				
() Single				
() Double			() YES	
() Triple			() NO	
() Quad				
() Single				
() Double			() YES	
() Triple			() NO	
() Quad				
() Single				
() Double			() YES	
() Triple			() NO	
() Quad				

Reservation Information (please check):

Check is enclosed with full payment? () yes () no

- Please make check payable to *The Founders Inn* and mail with registration form to:
 ATTN: Jordan Vallerga, The Founders Inn, 5641 Indian River Rd., Virginia Beach, VA 23464
- For online reservations, please use [this link](#) or visit the VSCA website www.scaleader.org
Founders Inn Hotel Reservation Link. To reserve a room over the phone with credit card please call
 757-366-5700. Reference Group Name: **VSCA Convention - group code is VSCA.**

2019 VSCA STATE CONVENTION

March 22-24, 2019

SCHOOL REGISTRATION FORM

School Name _____

School Address _____

City, State, Zip _____ Division _____

School Level (*check one*): () Elementary () Middle () High

School Phone (_____) _____ School FAX (_____) _____

Name of Advisor(s) _____ Home Phone (_____) _____

_____ Home Phone (_____) _____

Email(s) _____

IMPORTANT NOTE: *Before marking your region below, consult the region list (printed on the last page of this packet). All schools will participate in regional activities according to the designated eight regions.*

- | | | |
|------------------|-----------------|-------------------|
| _____ Region I | _____ Region IV | _____ Region VII |
| _____ Region II | _____ Region V | _____ Region VIII |
| _____ Region III | _____ Region VI | |

All schools are entitled to three (3) student voting delegates and one (1) voting advisor. **PLEASE PRINT OR TYPE NAMES.**

VOTING DELEGATES

- | | Check box if
Vegetarian | Tee-Shirt Size
(S, M, L, XL or XXL) |
|--------------------------|----------------------------|--|
| 1. Voting Delegate _____ | <input type="checkbox"/> | _____ |
| 2. Voting Delegate _____ | <input type="checkbox"/> | _____ |
| 3. Voting Delegate _____ | <input type="checkbox"/> | _____ |

ADDITIONAL STUDENT PARTICIPANTS

- | | | |
|----------|--------------------------|-------|
| 4. _____ | <input type="checkbox"/> | _____ |
| 5. _____ | <input type="checkbox"/> | _____ |
| 6. _____ | <input type="checkbox"/> | _____ |
| 7. _____ | <input type="checkbox"/> | _____ |
| 8. _____ | <input type="checkbox"/> | _____ |

ADVISOR PARTICIPANTS

- | | | |
|----------|--------------------------|-------|
| 1. _____ | <input type="checkbox"/> | _____ |
| 2. _____ | <input type="checkbox"/> | _____ |

OTHER ADULT PARTICIPANTS

- | | | |
|----------|--------------------------|-------|
| 1. _____ | <input type="checkbox"/> | _____ |
| 2. _____ | <input type="checkbox"/> | _____ |

SPOUSE AND GUESTS

- | | | |
|----------|--------------------------|-------|
| 1. _____ | <input type="checkbox"/> | _____ |
| 2. _____ | <input type="checkbox"/> | _____ |

Photocopy form as needed

VSCA 2019 STATE CONVENTION REGISTRATION

FINANCIAL ENCLOSURE

SCHOOL: _____

Early Registration (postmarked by January 11, 2019)

Number		Dollar Amount
_____	Student Participants @ \$165 each	\$ _____
+ _____	Advisor/Adult Participants @ \$165 each	+ \$ _____
+ _____	Spouse or Guests @ \$165 each	+ \$ _____

Regular Registration (postmarked January 12 – February 8, 2019)

Number		Dollar Amount
_____	Student Participants @ \$185 each	\$ _____
+ _____	Advisor/Adult Participants @ \$185 each	+ \$ _____
+ _____	Spouse or Guests @ \$185 each	+ \$ _____

Late Registration (postmarked February 9 – March 1, 2019)

Number		Dollar Amount
_____	Student Participants @ \$205 each	\$ _____
+ _____	Advisor/Adult Participants @ \$205 each	+ \$ _____
+ _____	Spouse or Guests @ \$205 each	+ \$ _____

VSCA Membership

Elementary School Membership @ \$75	\$ _____
Middle/High School Membership @ \$95	\$ _____

Total Amount Enclosed \$ _____

NO REGISTRATIONS WILL BE ACCEPTED AFTER March 1, 2019.

Enclose **ONE CHECK** per school, made payable to: **VSCA.**

Please mail to: VSCA State Office, 4909 Cutshaw Avenue, Richmond, Virginia 23230

Please check to ensure that you have enclosed:

- | | |
|---|--|
| <input type="checkbox"/> completed registration <u>and</u> financial enclosure forms
<input type="checkbox"/> medical permission forms for each participant
<input type="checkbox"/> code of conduct forms for each student | <input type="checkbox"/> VSCA policy form for each student
<input type="checkbox"/> VSCA Membership Application if applicable
<input type="checkbox"/> one check made payable to VSCA |
|---|--|

As we have a pre-arranged meal package at the Founders Inn, please ensure that you check those participants desiring vegetarian meals beside the participant's name on the registration form. Any special meal requirements other than vegetarian (i.e., allergies) should be listed on the participant's Medical Permission Form.

PLEASE NOTE:

This form **does not** confirm your hotel reservations. Please register online or use the enclosed hotel registration form and mail it to the address provided.

Hotel deadline February 19, 2019.

In order to keep convention prices reasonable, your help will be greatly appreciated in returning these forms with registration payments. Follow up requests to your school to obtain these forms will run up our administration costs and may make registration fees higher in the future.

VIRGINIA STUDENT COUNCILS ASSOCIATION
Medical Permission Slip

For All Persons Attending a VSCA-Sponsored Event

ADVISORS AND STUDENTS ARE REQUIRED TO COMPLETE THIS FORM

Participant's Name _____

School _____ County/City _____

Home Address _____

City _____ State _____ Zip Code _____

Home Telephone (_____) _____

Emergency Contact(s) _____ Phone (_____) _____

_____ Phone (_____) _____

Family Physician _____ Phone (_____) _____

Insurance Company _____ Policy Number _____

Medications _____

Drug Allergies _____

Any additional information _____

I authorize the Virginia Student Councils Association to obtain medical care for me in the event that such care is necessary. If possible, the emergency contact individual above will be contacted in the event of an emergency. Permission is hereby granted to the licensed physician or accredited hospital and their associates to perform medical and/or surgical procedures that are deemed essential to the treatment of the above-named individual. I understand that I am responsible for payment of such care.

Participant Signature

Date

Parent/Guardian Signature

Date

Photocopy form as needed

VSCA STUDENT CODE OF CONDUCT

(This form must be completed by all student participants.)

Student's Name _____

Advisor's Name _____

Name of School _____

Our reputation enables you to take pride in your organization. VSCA members have an excellent reputation. Your conduct at any VSCA function should uphold and enhance this reputation.

- VSCA members' behavior should always be a credit to themselves, their schools, and the VSCA.
- Student conduct is the responsibility of the school advisor or responsible adult. Students shall keep their advisors informed of their activities and whereabouts at all times. VSCA name tags will be worn at all times.
- Students are expected to attend all business meetings, workshops, and other scheduled VSCA activities. Please be prompt and prepared for sessions.
- Students are expected to observe the curfew by being in their assigned rooms by the designated hour.
- If a student is responsible for stealing or vandalism, the student and his or her parents will pay for the damages.
- Students may not buy, sell, or use any alcoholic beverages while in attendance at any VSCA activity.
- Students may not wear articles of clothing with vulgar or obscene statements, or advertisements of drug or alcohol products at any VSCA activity.
- There will be no smoking.
- All cell phones will be turned off or silenced during all VSCA activities.
- Students are reminded that participation in the VSCA Dance is a privilege. Inappropriate or suggestive dancing, and/or unruly behavior will result in dismissal from the dance.
- Any student who disregards the rules will be subject to disciplinary action and may be sent home by his or her advisor at the expense of his or her parent or guardian.
- Unauthorized guests of participants are prohibited at VSCA activities.

Student Signature/Date

Advisor Signature/Date

Parent/Guardian Name (PRINT)

Parent/Guardian Signature/Date

Photocopy form as needed

VSCA POLICY

VSCA Publications

Any and all participants may be subject to photography and/or video recording throughout the Convention to be used in VSCA publications and online media. It is the advisors responsibility to make students and parents/guardians aware of this policy.

VSCA Refunds

1. All refund requests must be submitted in writing and addressed to the VSCA State Office, 4909 Cutshaw Avenue, Richmond, VA 23230. For any questions about refunds, please contact (804) 355-4263.
2. Refund requests submitted at least 12 business days prior to the scheduled event will be eligible for 100% return of the registration fee paid. All approved refunds will be made after the convention dates.
3. In the event that the request for refund is received after the event, or less than 12 business days prior to the scheduled event, the following conditions will apply:
 - a) Maximum refund will be 50% due to costs incurred by VSCA.
 - b) A letter must be received from the SCA advisor or school principal stating a brief explanation and the name of the individual who made payment (i.e., school, student, etc.).
 - c) A letter must be received from the individual who canceled with a full explanation.
 - d) These letters should be postmarked within five (5) days after the end of the VSCA activity.
 - e) Refunds will be considered in the event of the following:
 - 1) Death in immediate family
 - 2) Accident/illness involving hospitalization
 - 3) Contagious or incapacitating illness (requires doctor's excuse)
 - 4) (*Adult participant only*) Change in position (i.e., teacher to guidance counselor)
 - f) No refunds will be given in the event of a scheduling error on the participant's part.
 - g) Refund requests not meeting the above criteria will be forwarded to the VSCA Advisory Committee for review.

PLEASE NOTE:

- If notebook or other information is available, a copy will be sent along with the refund.

By signing below you are acknowledging that you have read and agree to the VSCA policies outlined above.

Student Name (PRINT)

Student Signature/Date

Advisor Name (PRINT)

Advisor Signature/Date

Parent Name (PRINT)

Parent Signature/Date

Photocopy form as needed

REGIONS OF THE VIRGINIA STUDENT COUNCILS ASSOCIATION

REGION I

Charles City County
Chesterfield County
Colonial Heights City
Dinwiddie County
Goochland County
Hanover County
Henrico County
Hopewell City
New Kent County
Petersburg City
Powhatan County
Prince George County
Richmond City
Surry County
Sussex County

REGION II

Accomack County
Chesapeake City
Franklin City
Hampton City
Isle of Wight County
Newport News City
Norfolk City
Northampton County
Poquoson City
Portsmouth City
Southampton County
Suffolk City
Virginia Beach City
Williamsburg-James City County
York County

REGION III

Caroline County
Colonial Beach City
Essex County
Fredericksburg City
Gloucester County
King & Queen County
King George County
King William County
Lancaster County
Mathews County
Middlesex County
Northumberland County
Richmond County
Spotsylvania County
Stafford County
West Point Town
Westmoreland County

REGION IV

Alexandria City
Arlington County
Clarke County
Culpeper County
Fairfax City
Fairfax County
Falls Church City
Fauquier County
Frederick County
Loudoun County
Madison County
Manassas City
Manassas Park City
Orange County
Page County
Prince William County
Rappahannock County
Shenandoah County
Warren County
Winchester City

REGION V

Albemarle County
Amherst County
Augusta County
Bath County
Bedford County
Buena Vista City
Campbell County
Charlottesville City
Fluvanna County
Greene County
Harrisonburg City
Highland County
Lexington City
Louisa County
Lynchburg City
Nelson County
Rockbridge County
Rockingham County
Staunton City
Waynesboro City

REGION VI

Alleghany County
Botetourt County
Covington City
Craig County
Danville City
Floyd County
Franklin County

REGION VI (cont.)

Henry County
Martinsville City
Montgomery County
Patrick County
Pittsylvania County
Roanoke City
Roanoke County
Salem City

REGION VII

Bland County
Bristol City
Buchanan County
Carroll County
Dickenson County
Galax City
Giles County
Grayson County
Lee County
Norton City
Pulaski County
Radford City
Russell County
Scott County
Smyth County
Tazewell County
Washington County
Wise County
Wythe County

REGION VIII

Amelia County
Appomattox County
Brunswick County
Buckingham County
Charlotte County
Cumberland County
Greensville County
Halifax County
Lunenburg County
Mecklenburg County
Nottoway County
Prince Edward County