

VIRGINIA STUDENT COUNCILS ASSOCIATION



83rd ANNUAL STATE CONVENTION

March 20-22, 2009
Holiday Inn Select Koger South
Conference Center
10800 Midlothian Turnpike
Richmond, Virginia 23235

*“VSCA: The Evolution of Leadership...
Virginia leaders today,
World leaders tomorrow!”*

2009 VSCA STATE CONVENTION
March 20-22, 2009
INSTRUCTIONS AND INFORMATION

Hotel Registration: Schools are responsible for making hotel reservations. The Holiday Inn Select Koger South Conference Center special VSCA room rates are \$89.00 + tax (13%) for single, double, triple and quad occupancy. Rollaway beds are available if needed for \$10.00 per night (based on availability). A deposit of one night's lodging is required for each room reserved. Hotel registration deadline is **Thursday, February 26, 2009**. Room rates are not guaranteed after this date.

Complete the enclosed **hotel registration form**, enclose **one check** (or credit card number) per school made payable to the *Holiday Inn Select Koger South* and mail directly to the hotel.

VSCA Convention Registration: Complete the enclosed VSCA registration, student information, medical permission forms, and VSCA Code of Conduct forms. Registrations postmarked on or before February 13, 2009 will qualify for the early registration fee of \$140. Registration fees for those registrations postmarked between February 14 and February 26 will be \$155. Registrations postmarked February 27 or later will be charged the late registration fee of \$175. Schools may qualify for the early registration fee by submitting the registration form and fees prior to February 14, and submitting names at a later date.

These fees cover materials, consultants, entertainment, **four (4)** meals (Friday dinner, Saturday breakfast and lunch, and Sunday Breakfast) and the formal **Awards Banquet** Saturday evening. The registration fee for guest/spouse is \$105.00 per person, which covers the cost of all **four (4)** meals and the Saturday Banquet.

Enclose one check per school made payable to VASSP/DSL and mail to the VSCA State Office. Refunds will be granted in accordance with VSCA policy (copy enclosed).

Registration Checklist:

_____ Complete the hotel registration forms and enclose a check for deposit of one night's lodging per room reservation. Make check payable to the *Holiday Inn Select Koger South*.

_____ Mail the hotel registration form and deposit check to:

Holiday Inn Select Koger South
Conference Center
10800 Midlothian Turnpike
Richmond, Virginia 23235

Your deadline for contacting the hotel is February 26, 2009.

_____ Complete all VSCA registration forms (including medical permission forms for each participant and code of conduct forms for each student). Enclose **one check** payable to VASSP/DSL to cover the registration fee for each participant.

_____ Mail the VSCA registration packet and check to:

VSCA State Office
4909 Cutshaw Avenue
Richmond, VA 23230

REGISTRATION PACKETS MUST BE POSTMARKED BY

February 13, 2009 for early registration or

February 26, 2009 for regular registration.

Registration packets postmarked after February 27, 2009 will be considered late.

VSCA STATE CONVENTION
March 20-22, 2009
Holiday Inn Select Koger South
Hotel Registration Form

_____ ()
 School Name Telephone

Adviser

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):

1. Check is enclosed for first night? () yes () no
2. Students may charge incidentals? () yes () no

Make check payable to *Holiday Inn Select Koger South* and mail with registration form to:

Holiday Inn Select Koger South
Conference Center
10800 Midlothian Turnpike
Richmond, Virginia 23235
Reservation Deadline: February 26, 2009

Schools securing rooms with a credit card may call 804-379-3800.

2009 VSCA STATE CONVENTION

March 20-22, 2009

SCHOOL REGISTRATION FORM

School Name _____

School Address _____

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

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

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

_____ Home Phone (_____) _____

Email: _____

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

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

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

VOTING DELEGATES

1. Voting Delegate _____ Vegetarian? YES NO
2. Voting Delegate _____ Vegetarian? YES NO
3. Voting Delegate _____ Vegetarian? YES NO

ADDITIONAL STUDENT PARTICIPANTS

4. _____ Vegetarian? YES NO
5. _____ Vegetarian? YES NO
6. _____ Vegetarian? YES NO
7. _____ Vegetarian? YES NO
8. _____ Vegetarian? YES NO

ADVISER PARTICIPANTS

1. _____ Vegetarian? YES NO
2. _____ Vegetarian? YES NO

OTHER ADULT PARTICIPANTS

1. _____ Vegetarian? YES NO
2. _____ Vegetarian? YES NO

SPOUSE AND GUESTS (\$105.00)

1. _____ Vegetarian? YES NO
2. _____ Vegetarian? YES NO

VSCA STATE CONVENTION REGISTRATION FINANCIAL ENCLOSURE

SCHOOL: _____

Early Registration (postmarked by February 13, 2009)

Number		Dollar Amount
_____	Student Participants @ \$140 each	\$ _____
+ _____	Adviser/Adult Participants @ \$140 each	+ \$ _____
+ _____	Spouse or Guests @ \$105 each	+ \$ _____

Regular Registration (postmarked February 14 – February 26, 2009)

Number		Dollar Amount
_____	Student Participants @ \$155 each	\$ _____
+ _____	Adviser/Adult Participants @ \$155 each	+ \$ _____
+ _____	Spouse or Guests @ \$105 each	+ \$ _____

Late Registration (postmarked February 27, 2009 or later)

Number		Dollar Amount
_____	Student Participants @ \$175 each	\$ _____
+ _____	Adviser/Adult Participants @ \$175 each	+ \$ _____
+ _____	Spouse or Guests @ \$105 each	+ \$ _____

Total Amount Enclosed \$ _____

Schools may submit registration and fees early, and submit names of delegates by March 6.

Enclose **ONE CHECK** per school made payable to: **VASSP/DSL.**

Please mail to:

VSCA State Office, 4909 Cutshaw Avenue, Richmond, Virginia 23230

Please check to ensure that you have enclosed:

completed registration and financial enclosure forms

code of conduct forms for each student

medical permission forms for each participant

one check made payable to VASSP/DSL.

(students and adults)

As we have a pre-arranged meal package at the Holiday Inn Select Koger South, 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 use the enclosed hotel registration form and mail it directly to the Holiday Inn Select Koger South.

Hotel deadline is February 26, 2009.

VIRGINIA STUDENT COUNCILS ASSOCIATION

Medical Permission Slip

For All Persons Attending a VSCA-Sponsored Event

ADULTS ARE ALSO REQUIRED TO COMPLETE THIS FORM

Participant's Name _____

School _____ County _____

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 _____

Adviser'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 adviser or responsible adult. Students shall keep their advisers 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 outgoing phone calls will be made from pay phones, if available.
- Any student who disregards the rules will be subject to disciplinary action and may be sent home by his or her adviser at the expense of his or her parent or guardian.
- Unauthorized guests of participants are prohibited at VSCA activities.

Student Signature/Date

Adviser Signature/Date

Parent/Guardian Name (PRINT)

Parent/Guardian Signature/Date

Photocopy form as needed

VSCA REFUND POLICY

1. All refund requests should be 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 in writing at least 12 business days prior to the scheduled event will be eligible for 100% return of the registration fee paid.
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 adviser 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:

- Students who may be involved in state competitions should consider registering late.
- If notebook or other information is available, a copy will be sent along with the refund.

REGIONS OF THE VIRGINIA STUDENT COUNCILS ASSOCIATION

REGION I

Chesterfield County
Dinwiddie County
Hanover County
Henrico County
Hopewell City
Petersburg City
Prince George County
Richmond City

REGION II

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

REGION III

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

REGION IV

Albemarle County
Charlottesville City
Clarke County

REGION IV (continued)

Culpeper County
Fauquier County
Fluvanna County
Frederick County
Greene County
Loudoun County
Louisa County
Madison County
Manassas City
Manassas Park City
Orange County
Prince William County
Quantico Dependent's School
Rappahannock County
Warren County
Winchester City

REGION V

Alleghany-Highlands County
Augusta County
Bath County
Botetourt County
Buena Vista City
Clifton Forge City
Covington City
Craig County
Harrisonburg City
Highland County
Lexington City
Page County
Roanoke City
Roanoke County
Rockbridge County
Rockingham County
Salem City
Shenandoah County
Staunton City
Waynesboro City

REGION VI

Amherst County
Appomattox County
Bedford County
Campbell County
Danville City
Franklin County
Halifax County
Henry County
Lynchburg City
Martinsville City
Nelson County

REGION VI (continued)

Patrick County
Pittsylvania County

REGION VII

Bland County
Bristol City
Buchanan County
Carroll County
Dickenson County
Floyd County
Galax City
Giles County
Grayson County
Lee County
Montgomery 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
Brunswick County
Buckingham County
Charlotte County
Cumberland County
Franklin City
Greensville County
Goochland County
Isle of Wight County
Lunenburg County
Mecklenburg County
Nottoway County
Powhatan County
Prince Edward County
Southampton County
Surry County
Sussex County

REGION IX

Alexandria City
Arlington County
Fairfax County
Falls Church