

# **VIRGINIA STUDENT COUNCILS ASSOCIATION**



## **92<sup>nd</sup> ANNUAL STATE CONVENTION**

*“Grow a Generation to Lead the Nation”*

**March 16-18, 2018**

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

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

**2018 VSCA STATE CONVENTION**  
**March 16-18, 2018**  
**INSTRUCTIONS AND INFORMATION**

**Hotel Registration:** Schools are responsible for making hotel reservations. The Founders Inn special VSCA room rates are **\$89.00 + 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 27, 2018. Room rates are not guaranteed after this date. The group code is 565163.

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**

<del>\$165.00 per person</del>	<del>Early Registration</del>	<del>Postmarked by January 12, 2018</del>
\$185.00 per person	Regular Registration	Postmarked by February 9, 2018
\$205.00 per person	Late Registration	Postmarked by February 27, 2018

**NO REGISTRATIONS ACCEPTED AFTER February 27, 2018.**

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 2017-2018 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 565163.

\_\_\_\_\_ 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 27, 2018.**

\_\_\_\_\_ 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.

**2018 VSCA STATE CONVENTION**

**March 16-18, 2018**

**The Founders Inn**

**Hotel Registration Form**

GUEST ROOM RATES: \$89.00 per room, per day (plus 14% for state and local taxes; plus \$2.00 per day for occupancy tax)  
*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](http://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 565163.**

# 2018 VSCA STATE CONVENTION

## March 16-18, 2018

### 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<br>Vegetarian | Tee-Shirt Size<br>(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 2018 STATE CONVENTION REGISTRATION

## FINANCIAL ENCLOSURE

**SCHOOL:** \_\_\_\_\_

### Early Registration (postmarked by January 12, 2018)

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

### Regular Registration (postmarked January 13 – February 9, 2018)

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

### Late Registration (postmarked February 10, 2018 or later)

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 February 27, 2018.**

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"/> VSCA policy form for each student         |
| <input type="checkbox"/> medical permission forms for each participant               | <input type="checkbox"/> VSCA Membership Application if applicable |
| <input type="checkbox"/> code of conduct forms for each student                      | <input type="checkbox"/> <b>one check made payable to VSCA</b>     |

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 27, 2018.**

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