

**FLORIDA STATE SPANISH CONFERENCE 2024
SPONSOR CHECKLIST**

**Send original forms and fees to:
Linda Villadoniga
631 Shores Blvd
St. Augustine, FL 32086**

Keep a copy of *all* forms for your personal record.

Conference Registration Packet:

- _____ 1. Student, sponsor and teacher chaperone Registration Fee (\$70 p/p).
Non-teacher chaperone registration Fee (\$80 p/p). *Check payable to: **FSSC 2024***
- _____ 2. FSSC Registration form
- _____ 3. Student's Eligibility forms
- _____ 4. Damage liability form
- _____ 5. Hotel reservation and rooming list (copy of)
- _____ 6. Impromptu Speeches
- _____ 7. Declamation
- _____ 8. Dramatic presentation
- _____ 9. Costumes
- _____ 10. Entertainment
- _____ 11. Senior Scholarship
- _____ 12. Questionnaire for participants and alternates

Mail hotel forms and deposit to:
Wyndham Orlando Resorts
8001 International Dr.
Orlando, FL 32819
ATTN: FSSC Reservations

Hotel Registration Forms:

- _____ 1. Hotel reservation form
- _____ 2. Rooming list
- _____ 3. Deposit check (*payable to: **Wyndham Orlando Resorts***)

**All of the *registration* forms and moneys must be postmarked by
December 15, 2023.**

FLORIDA STATE SPANISH CONFERENCE
OFFICIAL HOTEL REGISTRATION FORM

ROOM RESERVATIONS MUST BE MADE BY FEBRUARY 7, 2024

NAME OF SCHOOL (OFFICIAL & COMPLETE): _____

ADDRESS: _____

CITY: _____ **ZIP:** _____ **COUNTY:** _____

NAME OF TEACHERS STAYING AT THE HOTEL:

1- **NAME:** _____

HOME ADDRESS: _____

HOME PHONE: _____

2- **NAME:** _____

HOME ADDRESS: _____

HOME PHONE: _____

(PLEASE ENCLOSE ALL INFORMATION ON ANY OTHER TEACHERS OR CHAPERONES ON THE BACK OF THIS PAGE)

LENGTH OF STAY: FROM: _____ **TO:** _____

TOTAL NUMBER OF NIGHTS: _____

NUMBER OF ROOMS REQUESTED: _____
(PLEASE REMEMBER THAT NO ROLLAWAY BEDS WILL BE ALLOWED)

NUMBER OF STUDENTS STAYING IN HOTEL: _____
(PLEASE INCLUDE ROOMING LIST)

AMOUNT OF DEPOSIT ENCLOSED: _____
(ENCLOSE ONE NIGHT DEPOSIT PER ROOM)

RESERVATION CONFIRMATION NUMBER: _____

NOTE: A confirmation number will be sent to you after this form and the hotel has received all required information and deposits. Please do NOT call the hotel since no reservations will be taken over the phone. Send this form, rooming lists, and deposit to:

Wyndham Orlando Resorts
8001 International Dr.
Orlando, FL 32819
ATTN: FSSC Reservations

Keep a copy for your own records. Thank you for your cooperation. We will be looking forward to serving you one more time at the Wyndham Orlando Resorts, International Drive.

**FLORIDA STATE SPANISH CONFERENCE
HOTEL ROOMING LIST
Please Print**

School name: _____ Sponsor: _____

School address: _____ Home address: _____

City: _____ Zip _____ City: _____ Zip _____

School Phone: () _____ Home Phone: () _____

Please complete this form with the name and phone numbers of all students, sponsors, and chaperons who will be staying at the hotel for the Conference. The first person listed will be considered "room captain" and the hotel will list the room under that name.

Room: _____ Occupant Emergency # _____ _____ _____	Room: _____ Occupant Emergency # _____ _____ _____
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Room: _____ Occupant Emergency # _____ _____ _____	Room: _____ Occupant Emergency # _____ _____ _____
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Room: _____ Occupant Emergency # _____ _____ _____	Room: _____ Occupant Emergency # _____ _____ _____
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Mail one copy to the hotel and another to FSSC with all other forms.

**FLORIDA STATE SPANISH CONFERENCE
STUDENT ELIGIBILITY FORM
Please Print**

School name: _____

Student Delegates:

Alternates*:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

***It is to your advantage to list 16 alternates here, since any and all substitutions must be drawn from this list.**

I certify that these high school students are currently enrolled in Spanish and meet the standards set by Florida statutes for interscholastic competition as of _____.
Today's Date

I understand that any change in the eligibility prior to the conference will disqualify the student and an eligible alternate must be substituted.

Sponsor

Principal

**FLORIDA STATE SPANISH CONFERENCE
DAMAGE AND LIABILITY FORM
Please Print**

I, _____, of _____ High School hereby acknowledge and understand that I will be 100% responsible for any damage of misbehavior resulting from the actions of any student from my school. I further acknowledge and understand that any infraction of any rule of the Conference and/or violation of any Florida State law ***will*** result in the disqualification of the individual student and/or school from competition.

Sponsor

Date

**FLORIDA STATE SPANISH CONFERENCE
IMPROMPTU SPEECHES
(Please Print)**

School name: _____ Sponsor: _____

Division* (circle one): 1A 2A 3A 4A 5A 6A 7A

Competition Division** (circle one): I II

You may bring up to 16 students to the Conference. All 16 **MUST** participate in impromptu.

Student name:	Level: (1-6)	Category: (A, B, C or D)	Teacher:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* As per [FHSAA](#) designation in basketball (For more information click the FHSAA link in the FSSC website)

** Schools sending 30% or less of delegates in categories B, C, and D combined are Division I.

** Schools sending more than 30% of delegates in categories B, C, and D combined are Division II.

FLORIDA STATE SPANISH CONFERENCE
DRAMATIC PRESENTATIONS
Please Print

School name: _____

Sponsor: _____

One dramatic presentation is allowed per school, with a 15-minute maximum time limit. A dramatic presentation must have a minimum of 2 students. For presentations by 2 or 3 students, there is a minimum time limit of 6 minutes. For presentations by 4 or more students, a minimum duration of 8 minutes is required.

Title and Author: _____

Student name:	Level: <i>(1-6)</i>	Category: <i>(A, B, C or D)</i>	Senior *: <i>(Check if YES)</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***Please indicate which of the students participating in the dramatic presentation are seniors presenting scholarship exams so we can try to avoid conflicts with time.**

**FLORIDA STATE SPANISH CONFERENCE
DECLAMATIONS
Please Print**

School name: _____ Sponsor: _____

A maximum of 6 students may participate in the Declamation competition.

Student name:

Level:
(1-6)

Category:
(A, B, C or D)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**FLORIDA STATE SPANISH CONFERENCE
SENIOR SCHOLARSHIP COMPETITION
Please Print**

Only **three** seniors per school may participate in the Senior Scholarship Competition.

School name: _____ Sponsor: _____

Seniors may participate in the Scholarship Competition on Friday morning. A number of \$100 or more scholarships will be awarded by the FAATSP, the FSSC, and other organizations.

Student name:	Level: <i>(2-6)</i>	Category: <i>(A, B, C or D)</i>	Teacher:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***Students must present a photo ID at the time of the exam in order to be eligible. Students must be pre-registered for this event.**

****Seniors must be LEVEL 2-6 ONLY!!!**

**FLORIDA STATE SPANISH CONFERENCE
REGIONAL DRESS
Please Print**

School name: _____

Sponsor: _____

Country and Region Represented

Participant(s)

Entries:

#1 _____

#2 _____

#3 _____

****One form per school. This is a pre-registered event only.**

MAXIMUM OF 3 ENTRIES PER SCHOOL

**FLORIDA STATE SPANISH CONFERENCE
ENTERTAINMENT
Please Print**

Limit of 3 entertainment entries is allowed per school. Students may only participate in one category. Try-outs will be limited to 3 min. maximum per entry. Entries chosen to perform at the banquet will be permitted to perform the entire piece. *Please submit a separate form per entry.* (COPY as needed)

School name: _____

Sponsor: _____

Type of Entertainment (*circle one*): **vocal** **dance** **musical instrument** **Piano required** _____

You must provide your own CD player

Participants If instrumental, please include type of instrument	<u>Country Represented and Title of Song</u> (i.e. Cuba, Guantanamera)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This is a pre-registered event only.

!!!!!!O J O!!!!!!

- **Make as many photocopies of the student questionnaire to provide one per participant and alternate. **PROOFREAD and SIGN ALL STUDENT FORMS!****
- Please check **PARTICIPANT OR ALTERNATE** at the top of ***each*** student questionnaire form.
- Please remember to ***proofread*** and ***sign*** ***each*** questionnaire form for both participant and alternate.
- For security reasons, **ALL** students should carry a photo id (school or driver's license).

Mail all forms and checks to:

**Linda Villadoniga
FSSC 2024
631 Shores Blvd.
St. Augustine, FL 32086**

by DECEMBER 15, 2023

¡MÁS OJO!

Teacher/Sponsor read the student questionnaires carefully and double-check the responses given by the students before signing any of the forms.

1. Remember that AP is not a level. **AP Language** is **level 5**, and **AP Literature** is **level 6**. Adjustments will be made where this applies according to what the student declares as the class he/she is presently taking.

2. The categories are divided and separated as follows:

A: Spanish only in class and/or

- 1- up to one month of exposure (*tourist only*) in a Spanish speaking country.
- 2- questions # 14, 15 and 16 answered as never/never/never; seldom/never/never; seldom/never/seldom respectively.

B: Spanish only in class and/or

- 1- up to three months exposure in a Spanish speaking country.
- 2- two weeks or more schooling in a Spanish speaking country after Spanish 3.
- 3- questions # 14, 15, and 16 answered as seldom/seldom/never; seldom/seldom/seldom respectively.

C: Extensive outside experience and/or

- 1- born in the USA with exposure at home by either parent.
- 2- extensive travel in a Spanish speaking country (more than three months).
- 3- some education in a Spanish speaking country (less than four years prior to 5th grade).
- 4- NO education in a Spanish speaking country ***BUT*** questions # 14, 15, and 16 answered as often/often/seldom; often/often/often; always/always/often; always/always/always respectively.

D: Reared and educated in a Spanish speaking country and/or

- 1- born in the USA with extensive exposure at home by parents or family, as well as in society.
- 2- native/**heritage speaker** and/or has completed five years education in a Spanish speaking school/country.

To be as fair as possible, ALL questionnaires will be read carefully. Adjustments will be made where applicable according to what the student wrote on his or her questionnaire.

You will be notified immediately if adjustments were made.

FLORIDA STATE SPANISH CONFERENCE STUDENT QUESTIONNAIRE

THE AMERICAN ASSOCIATION OF TEACHERS OF SPANISH AND PORTUGUESE

FLORIDA CHAPTER

Category (check 1) **A** () , **B** () , **C** () , **D** () **Student's status** (check 1) **Delegate** () **Alternate** ()

Directions: Print all information. Complete or circle accurately all information called for. Failure to do so may result in the invalidation of your presentation. Answer all of the questions clearly.

1. Student's name: _____
First M. I. Last

2. Home address: _____
Street Number City State Zip Code

3. School name: _____

4. School address: _____
Street Number City State Zip Code

5. Telephone numbers: () _____ Cell phone: () _____
Home

6. **Complete** name of your Spanish teacher: _____
First Last

7. Grade level **9** () **10** () **11** () **12** ()

8. Current Spanish level at school: **1yr.** () **2yr.** () **3yr.** () **4yr.** () **5yr.** () **6yr.** ()

AP Lang. () **AP Lit.** () **Spanish for Spanish Speakers 1** () **2** () **3** () **4** ()

9. How many years have you **formally taken Spanish for high school credit**?
1 () **2** () **3** () **4** () **5** () **6** ()

10. What language did you first learn as a child? **English** () **Spanish** () **Other** ()

11. Have you **lived** with your family or a host family in a Spanish-speaking country? **Y** () **N** ()

12. Which country and for how long? _____

13. Did you attend daily classes in a Spanish-speaking school? **Y** () **N** ()
If **yes**, in which grade (s)? _____ For how long? _____

14. Does one parent normally speak Spanish at home? **Never**() **Seldom**() **Often**() **Always**()

15. Do both your parents normally speak Spanish at home? **Never**() **Seldom**() **Often**() **Always**()

16. Do you normally speak Spanish at home? **Never**() **Seldom**() **Often**() **Always**()

17. Are you an exchange student this year? **Y** () **N** ()

If **yes**, from which country? _____

DECLARATION:

I declare that the information given above is accurate to the best of my knowledge.

I recognize that any discrepancy may be a valid cause for my disqualification from this competition.

Student signature

Current Spanish teacher signature

!!!Recuerde!!!

1- For specifications of rules and regulations, see *EVENTS* on the web-site www.thefssc.org. This link has all **NEW** rules and regulations.

2- School numbers will be assigned according to the received date when **all registration forms together with registration fee** are received by the FSSC Secretary.

3- Please return **all** original forms, regardless of entry or not. To indicate that your school does *not* wish to participate in a particular event, simply draw a horizontal line through the page *and return* it with the packet. (*use pg. 7 as a guide for forms in registration packet*)

4- **ALL CONFERENCE CHECKS**, and registration, ***must be payable to: FSSC 2024.*** Incorrect checks **will** be returned. **NO** school number will be issued and registration packet will be considered **incomplete** until a new check is received.

-Mil gracias-

Due dates

January 16, 2024:

1- **ALL** forms and registration fee (per person attending) is due. Registration will not be processed until we receive **all** forms and fees.

February 1, 2024:

1-Deadline for Florida Chapter of AATSP fees (*all teachers of students attending the conference must pay fee*). See pg. 1 for fees. Check payable to **Florida Chapter of AATSP**. Send to:

Amarilys Heard
2200 Solè Mia Square Lane APT 512
North Miami, FL 33181

February 7, 2024:

1- Deadline for hotel reservation. Registration will not be processed until the hotel receives **both** forms and down payment fee. Per the Wyndham: " the cut-off day for all reservations is ***Friday, February 7th, 2020.*** Reservations request received after 5:00 pm local time at the Hotel on the cut-off date will be accepted at the Hotel's prevailing rate, based on room availability."

February 15, 2024:

1-Last day to make changes in competitions. ***Remember, all substitutions must be made from existing alternate list.***

2- Banquet Dinner Selection Form is due.

3- Last day to add Costume, Entertainment or Senior Scholarship entries. Entries **must** be pre-registered.

ALL forms must be post-marked by the date indicated OR
WILL INCUR A \$25 LATE FEE.

2024 FSSC Point Room Fee Form

Send one form together with the fee for each teacher sending students. If teachers are AATSP members, please add their names and membership numbers as well.

Teacher: _____ School Name: _____

School Address: _____

City: _____ Zip: _____ School Phone: () _____

Home Address: _____

City: _____ Zip: _____ Home Phone: () _____

Email: _____ (school) Email: _____ (home)

Current Member of AATSP: No: _____ Yes: _____ Membership # _____

EVERY teacher who sends students to FSSC (even those who do not accompany the team to the competition) must pay a point room fee of \$15.00

DEADLINE: February 1, 2024
Check payable to: FAATSP

MAIL TO:

Amarilys Heard
2200 Solè Mia Square Lane APT 512
North Miami, FL 33181

FOR OFFICE USE ONLY:

Bank: _____ Personal/School Amount: \$ _____ Check# _____ Date: ____/____/____
te: ____/____/____