

SUNSHINE STATE ASSOCIATION OF CHRISTIAN SCHOOLS 2024 H.S. COMPETITION REGISTRATION FEE SHEET

1. Begin by counting the number of entrants in each category. This is for all individual events excluding testing, Bible preaching and Bible teaching, but including expository essay and creative writing poetry. Enter that number here: _____ x \$10.00 = **A** _____
2. Count all individuals in Bible preaching and teaching. This number is unlimited, but all entrants must compete on February 23. Enter that number here: _____ x \$10.00 = **B** _____
3. Next, list the number of entrants in each group, team, or ensemble. As a reminder, each group event is listed below. If your school is not entering that category, skip it and enter the number of group members for those categories you are entering. **EXTREMELY IMPORTANT:** Attach a separate sheet of paper which lists individuals' names for each ensemble group and team. Additionally, see the note on page 2 for Listing of Events.

BIBLE QUIZ _____ x \$10.00 _____

CHORAL GROUP
(maximum charge \$100) _____ x \$10.00 _____

HANDBELL/HANDCHIME ENSEMBLE _____ x \$10.00 _____

HANDBELL/HANDCHIME CHOIR
(maximum charge \$100) _____ x \$10.00 _____

LARGE INST. ENSEMBLE
(maximum charge \$100) _____ x \$10.00 _____

LARGE VOCAL ENSEMBLE
(maximum charge \$100) _____ x \$10.00 _____

ORCH/BAND
(maximum charge \$100) _____ x \$10.00 _____

SACRED PIANO DUET _____ x \$10.00 _____

CLASSICAL PIANO DUET _____ x \$10.00 _____

SMALL INST. ENSEMBLE _____ x \$10.00 _____

SMALL VOCAL ENSEMBLE _____ x \$10.00 _____

CHORIC SPEAKING TEAM _____ x \$10.00 _____
 (maximum charge \$100)

DEBATE _____ x \$10.00 _____

ACTING TEAM _____ x \$10.00 _____

ACTING TEAM _____ x \$10.00 _____

READERS' THEATRE TEAM _____ x \$10.00 _____
 (maximum charge \$100)

READERS' THEATRE TEAM _____ x \$10.00 _____
 (maximum charge \$100)

C TOTAL _____

LINE A _____

LINE B _____

LINE C _____

TOTAL A,B,C _____

Your check, made payable to Sunshine State Association of Christian Schools, must be sent WITH your registration form and this fee form.

MAILING ADDRESS: SSACS
 Dr. John Van Delinder
 44063 Maplewood Court
 Callahan, FL 32011

Postmarked by JANUARY 19. Forms postmarked after January 19, add a **\$50.00 late fee.**
Forms postmarked after January 19 will not be accepted. NO CHANGES OR ADDITIONS TO ENTRIES AFTER JANUARY 19.

***CHECKLIST:**

- _____ LISTING OF EVENTS (*Note: This is the list showing all events that each student is entered in. Registration forms without this information will not be accepted.*)
- _____ REGISTRATION FORM
- _____ REGISTRATION FEE SHEET
- _____ NAMES OF ALL GROUP, TEAM AND ENSEMBLE MEMBERS BY GROUP
- _____ CHECK TO SSACS

*Please be sure to keep a copy of all of your paperwork.