

US OLYMPIADA OF SPOKEN RUSSIAN FOR 2003

School Registration

(Each participating teacher should complete.
Please print or type and provide all information requested.)

School Name:

Principal or Headmaster's Name:.....

School Address:

School City, State and ZIP:

Last date to receive medals and certificates:

School Telephone: School Fax:

Superintendent's Name (or President's):

Superintendent's Address:
(if different from school's)

Teacher Name:

Home Address:.....

Home City, State and ZIP:.....

Home Telephone (with area code):Teacher E-mail Address:.....

Total number of participating students (count only your own students):

(Please attach a copy of your registration sheet/s)

Breakdown of students by levels

Level 1:

Level 2:

Level 3:

Level 4:

Level 5:

Native Speakers:

• Registration fees (\$4.00 x total number of students from above): \$.....

(Please attach to this form ONE check payable to **ACTR** and send or give to your Regional or State Chair.)

*Please note: We need **all** the information requested above, so that we can properly acknowledge the participation of every school's students and teacher(s). We intend to write to both principals (or headmasters) and superintendents (or presidents) and we must have accurate names and addresses.*

**PLEASE SEND THIS FORM TO THE NATIONAL CHAIR AS SOON AS POSSIBLE
AFTER THE OLYMPIADA.**

US OLYMPIADA OF SPOKEN RUSSIAN FOR 2003

SPONSORED BY THE AMERICAN COUNCIL OF TEACHERS OF RUSSIAN

a division of the American Councils for International Education

Request for Certificates and Medals

All participating students receive medals and certificates. Each participating teacher should complete this form for participating students **Attach or send by e-mail a typed or printed list of all students**, their levels, and the results (G-gold, S-silver, B-bronze medal, or HM-honorable mention.)

Teacher:

School:

School Address:

City, State, ZIP

School Telephone: School Fax:

E-Mail Contact Address:

Number of certificates and medals needed: Gold:Silver:.....Bronze:

Number of certificates of Honorable Mention needed:

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Summary Sheet

(To be completed by State or Regional Chair and returned to:

George W. Morris, Acting Chair
US Olympiadas of Spoken Russian
3109 Yale Blvd.
St. Charles, MO 63301-0462)

State or Region:

Chair:

(Complete if there are any changes from information on record.)

Address:

City, State, ZIP:

Telephone: Fax:

E-Mail Address:

Date of Olympiada: Place:

Number of participating schools: Total Registration Fees: \$

Other Fees (dues, etc.): \$ Total Number of Checks:

Regular Students

Level 1: Level 2: Level 3: Level 4: Level 5:

Number of Regular Finalists:

Names of Regular Finalists <i>(Best score first)</i>	School	Names of Regular Finalists <i>(Best score first)</i>	School
1.		2.	
3.		4.	

Native Speakers

Number of Native/Heritage Speaker Participants:

Names of Native Speaker Finalists <i>(Best score first)</i>	School	Names of Native Speaker Finalists <i>(Best score first)</i>	School
1.		2.	
3.		4.	

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Finalist Reference Form

..... has qualified as a National Finalist in the 2003 Olympiada of Spoken Russian sponsored by American Councils for International Education and the American Council of Teachers of Russian. This means that he/she is a candidate to become a member of the 15-20 student US Olympiada Team for a three-week homestay study program in Russia.

Please comment in narrative form on this student's qualifications, motivation, character, sense of responsibility, maturity, school citizenship, ability to adjust to a different culture, etc. A frank discussion of any weaknesses would be very helpful in helping us to work with the student. Please be as complete as possible (the back of this sheet may be used for a longer response).

I recommend this student with enthusiasm strongly with reservations

Name: Position:

Name of School:

Address of School:

City, State, ZIP:

Date:

Thank you for your assistance. Please fax or mail this form as soon as possible to:

George W. Morris, Acting Chair
US Olympiadas of Spoken Russian
ACTR Member Services, 3109 Yale Blvd.
St. Charles, MO 63301-0462
Fax: 636-724-5720

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PRESS RELEASE INFORMATION FORM

Please provide as much of the information requested as possible well in advance of your Olympiada as possible. A Press Release, based upon the information you give, will be sent to your local newspaper and/or other media both before your contest and to announce the results. If you want the press release sent to more than one set of addresses, send additional forms or attach a sheet with that contact information (e-mail, fax, or U.S. mail).

Teacher:

School:

School Address:

City, State, ZIP

School Telephone: E-Mail Contact Address:

Number of students expected to participate in this year's Olympiada:

PRINT MEDIA INFORMATION

Your local newspaper:

Contact name (if known)

Mailing address (or e-mail address)

VISUAL MEDIA INFORMATION (IF NEAR LOCATION OF OLYMPIADA)

Your local TV station:.....

Contact name (if known)

Mailing address (or e-mail address)

STATE OR REGIONAL INFORMATION

Name of state or region:.....

Location of contest:

Chair name: Phone: E-mail:.....

Date and time of contest:

PLEASE COMPLETE AND RETURN THIS FORM TO GEORGE MORRIS AS SOON AS POSSIBLE.