

MICHIGAN DeMOLAY CONCLAVE 2017 REGISTRATION

NOTE: USE ONLY ONE REGISTRATION FORM PER PERSON



NOTE: DeMolay's, Job's Daughter's, and Rainbow's Registration Forms WILL NOT be accepted unless approved and signed by a Chapter Advisor, Bethel Guardian, or Mother Advisor

August 11 - 13, 2017 • Holiday Inn Gateway Centre • 5353 Gateway Centere Drive, Flint, MI 48507

FIRST NAME										M.I.	LAST NAME												
ADDRESS <> STREET NO. & NAME															APARTMENT NO.			AGE		MALE		FEMALE	
CITY										STATE		ZIP CODE											
PHONE NUMBER					EMAIL ADDRESS																		
NAME OF CHAPTER OR OTHER MASONIC BODY										CURRENT TITLE OR CURRENT OFFICE HELD													

CHECK THE ONE THAT BEST APPLIES

Active DeMolay

DeMolay Candidate

Senior DeMolay

DeMolay Squire

DeMolay Advisor

Parent or Visitor

Active Job's Daughter

Job's Advisor

Active Rainbow Girl

Rainbow Advisor

YOU MUST REGISTER AND STAY AT THE HOTEL TO GET THE BENEFITS OF THE CONCLAVE PACKAGE:

THE CONCLAVE 2017 REGISTRATION PACKAGE INCLUDES:

- Conclave 2017 Registration Packet
- Opening & Closing Ceremonies
- Educational Panels
- Pool Party
- Conclave Banquet
- Free Time
- Awards Breakfast
- Installation
- and Much, Much More...

CHECK ONE	PRICE BEFORE JULY 1	PRICE AFTER JULY 1
YOUTH RATE ONLY - 4 TO A ROOM / 2 DOUBLE BEDS Includes: Conclave Registration, 2 Nights, 5 Meals, Conclave Souvenir, and More...	\$190	\$215
YOUTH / ADULT RATE - 2 TO A ROOM / 2 DOUBLE BEDS OR 1 KING BED (IF AVAILABLE) Includes: Conclave Registration, 2 Nights, 5 Meals, Conclave Souvenir, and More...	\$205	\$230
YOUTH / ADULT RATE - 1 TO A ROOM / 1 KING BED (IF AVAILABLE) Includes: Conclave Registration, 2 Nights, 5 Meals, Conclave Souvenir, and More...	\$330	\$355
BANQUET ONLY Includes: Conclave Registration, Hall of Fame Banquet, Conclave Souvenir	\$40	\$50
SATURDAY NIGHT SPECIAL - 2 TO A ROOM / 2 DOUBLE BEDS OR 1 KING BED (IF AVAILABLE) Includes: Conclave Registration, 1 Night, 2 Meals, Conclave Souvenir	\$135	\$160
SATURDAY NIGHT SPECIAL - 1 TO A ROOM / 2 DOUBLE BEDS OR 1 KING BED (IF AVAILABLE) Includes: Conclave Registration, 1 Night, 2 Meals, Conclave Souvenir	\$180	\$205

SUB-TOTAL \$ _____ \$ _____
(Of Above Selections)

GRAND TOTAL \$ _____



Minimum Payment Required With Registration Must Be 1/2 of Grand Total

TOTAL ENCLOSED \$ _____

BALANCE DUE \$ _____

Room Assignment Request - Please list those people you wish to room with - Subject to the housing guidelines of Michigan DeMolay

1. _____ 2. _____ 3. _____

Make Check Or Money Order Payable to "Michigan DeMolay"

<><> NOTE: DO NOT SEND CASH <><>

MAIL TO: Conclave 2017
c/o 'Dad' Vince D'Aguanno
46581 Strathmore, Plymouth, MI 48170

NOTE: YOU WILL BE CHARGED FOR THE FOLLOWING Returned Check Fee = \$30.00

THIS AREA IS FOR CONCLAVE 2017 REGISTRATION COMMITTEE ONLY:

Date Received: _____ Check #: _____ Registration #: _____ Room #: _____

- DeMolay Chapter Dad Advisor
- Job's Daughters Bethel Guardian
- Rainbow Mother Advisor

<> **ADULT LEADER** <>
APPROVAL AND STATEMENT

(Signature Of Adult Leader Required) _____

I understand that an adult leader listed as a Michigan DeMolay Advisor, Job's Daughter Bethel Council Member or Rainbow Advisory Board Member, **MUST** be registered and present during the entire DeMOLAY CONCLAVE activities and have agreed to be responsible for the above named DeMolay, Job's Daughter or Rainbow Girl (or other youth under the age of 21 years). The name of such DeMolay Advisor, Job's Daughter Bethel Council Member or Rainbow Advisory Board Member (with Chapter name, Bethel # and name or Assembly # and name and their home phone number) is shown below. If I am such DeMolay Advisor, Job's Daughter Bethel Council Member or Rainbow Advisory Board Member, I have indicated "SELF" below.

RESPONSIBLE ADULT LEADER: _____
Print Name Telephone Number Chapter, Bethel, or Assembly Name

MEDICAL HISTORY AND RELEASE FORM

<> PARTICIPANTS INDEMNIFICATION <>

NAME OF PARTICIPANT: *(Print)* _____

I hereby promise to conduct myself in a responsible manner and abide by the DeMolay rules and regulations, remembering that the future welfare of the Order of DeMolay is in my hands; and to follow all of the rules and regulations for this DeMolay event. If I do not abide by this promise, I will be subject to being returned home immediately at my own expense.

In consideration of the DeMolay Staff accepting this registration, I shall indemnify and hold Michigan DeMolay, The International Supreme Council of the Order of DeMolay, all Affiliated Organizations and the DeMolay Staff harmless from and against any and all penalties, losses, costs, damages, suits, judgements, claims, demands, expenses and liabilities of any kind or nature whatsoever, arising directly or indirectly out of or in connection with my attendance at this DeMolay event.

PARTICIPANT'S SIGNATURE: _____ **DATE:** _____

<> HEALTH HISTORY <>

The DeMolay Staff should be aware that this participant has experienced health problems with the following:

Participant has no health problems

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Ear Trouble | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Epileptic Seizures | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Sinus Trouble |
| <input type="checkbox"/> Cramps In Water | <input type="checkbox"/> Fainting | <input type="checkbox"/> Hernia | <input type="checkbox"/> Throat Infection |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other | | |

Name of Medical Insurance Company: _____	Name of Family Physician: _____
Medical Insurance Policy Number: _____	Address: _____
	City: _____ State: _____ Zip Code: _____
	Telephone No: (Area Code) _____ Phone No. _____

In case of an emergency, contact :	
Name: _____	Day
Address: _____	Telephone No: (Area Code) _____ Phone No. _____
City: _____	Night
State: _____ Zip Code: _____	Telephone No: (Area Code) _____ Phone No. _____

<> PARENTAL PERMISSION & MEDICAL RELEASE <> *Required For All Participants Under 18 Years of Age*

As the Parent or Legal Guardian of the participant named above, I hereby give my permission for the DeMolay Staff to enter the above named participant into a hospital of their choosing. They may also obtain medical attention or treatment by a physician, if in their opinion, the above named participant needs medical attention or treatment. I also realize that DeMolay members attending this event may be engaged in indoor and outdoor activities and other physical activities related to this event.

To the best of my knowledge, there is no reason why the above named participant should not be allowed to participate in the DeMolay activities.

I also agree, upon notification from the DeMolay Staff, to pick up the above named participant, if, in the opinion of the DeMolay Staff, it is necessary that he/she be removed from the site of this DeMolay event. In addition, I agree on behalf of the above named participant, that his/her room may be entered if it is deemed necessary by the DeMolay Staff.

In consideration of the DeMolay Staff accepting this registration, I shall indemnify and hold Michigan DeMolay, DeMolay International, all Affiliated Organizations and the DeMolay Staff harmless from and against any and all penalties, losses, costs, damages, suits, judgements, claims, demands, expenses and liabilities of any kind or nature whatsoever, arising directly or indirectly out of or in connection with the above named participant's attendance at this DeMolay event.

PARENT or LEGAL GUARDIAN (SIGNATURE): _____ **DATE:** _____