

NOTE: USE ONLY ONE REGISTRATION FORM PER PERSON

WILL NOT be accepted unless approved and signed by a Chapter Dad Advisor, Bethel Guardian or Mother Advisor



FIRST NAME	MIDDLE INITIAL	LAST NAME	AGE	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
		DO YOU PREFER A NON-SMOKING ROOM <input type="checkbox"/> YES <input type="checkbox"/> NO <small>MUST BE 21 YEARS OLD</small>		
<i>YOU MUST COMPLETE THE MEDICAL HISTORY AND RELEASE FORM ON THE REVERSE SIDE OF THIS REGISTRATION PACKAGE FORM</i>				
FIRST NAME OF MARRIED SPOUSE IF THEY ARE REGISTERING <small>(NOTE: SPOUSE MUST COMPLETE THEIR OWN REGISTRATION FORM)</small>				
ADDRESS <> STREET No. & NAME			APARTMENT No.	
CITY		STATE	ZIP CODE	
(AREA CODE)	HOME TELEPHONE NUMBER	EMAIL ADDRESS		
NAME OF DeMOLAY CHAPTER OR OTHER MASONIC BODY		CURRENT TITLE OR CURRENT OFFICE HELD		

CHECK ONE THAT BEST APPLIES

☐ ACTIVE DeMOLAY

☐ DeMOLAY CANDIDATE

☐ SENIOR DeMOLAY

☐ DeMOLAY ADVISOR

☐ PARENT OR VISITOR

☐ ACTIVE JOB'S DAUGHTER

☐ ACTIVE RAINBOW GIRL

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BEST APPLIES**

- ☐ ACTIVE DeMOLAY
☐ DeMOLAY CANDIDATE
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☐ DeMOLAY ADVISOR
☐ PARENT OR VISITOR
☐ ACTIVE JOB'S DAUGHTER
☐ ACTIVE RAINBOW GIRL

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

THE CONCLAVE 2010 REGISTRATION PACKAGE INCLUDES:

- ★ Conclave 2010 Registration Packet ★ Opening & Closing Ceremonies ★ Educational Selectives ★ Pizza & Pool Party ★ Shaving Cream Battle
★ Conclave Banquet ★ Free Time ★ BBQ Lunch ★ Saturday Breakfast ★ Awards Breakfast ★ Installation of 2010 State Officers ★ Tons of Fun

CHECK ONE	<u>YOUTH RATE ONLY</u> - 4 TO A ROOM/2 DOUBLE BEDS Includes: Conclave Registration, Two Nights, 5 Meals, Special Souvenir and More ...	\$125
	<u>ADULT/YOUTH RATE</u> - 3 TO A ROOM/2 DOUBLE BEDS Includes: Conclave Registration, Two Nights, 5 Meals, Special Souvenir and More ...	\$175
	<u>ADULT/YOUTH RATE</u> - 2 TO A ROOM/2 DOUBLE BEDS OR 1 KING BED (Pending Availability) Includes: Conclave Registration, Two Nights, 5 Meals, Special Souvenir and More ...	\$225
	<u>ADULT/YOUTH RATE</u> - 1 TO A ROOM/1 KING BED Includes: Conclave Registration, Two Nights, 5 Meals, Special Souvenir and More ...	\$355
	HONORS BREAKFAST - FOR CHEVALIERS, CROSS OF HONOR, LEGION OF HONOR, HONORARY LEGION OF HONOR RECIPIENTS, EVENT FREE FOR 2010 RECIPIENTS	\$15
	BANQUET ONLY - Includes: Conclave Registration, 2010 Annual Banquet, Installation and Special Souvenir	\$60

Late Registration Fee of \$25.00 Charged After July 16th...

SUB - TOTAL. \$ _____

All Registrations Postmarked After July 16th, Will Be Charged A Late Fee Of \$25.00... (Add \$25.00).\$

ALL ON TIME REGISTRATION FORMS WILL BE ENTERED
INTO THE CONCLAVE 2010 SWEEPSTAKES
GET YOUR REGISTRATION IN AND YOU COULD WIN!!!

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. _____ 4. _____

Make Check Or Money Order Payable to "Michigan DeMolay"

<><><> NOTE: Do Not Send Cash <><><>

MAIL TO: Conclave 2010

c/o DAD LYESTER BILLHYMER

18144 Whitmore Drive, CLINTON TWP, MI 48035-1525

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

THIS AREA IS FOR CONCLAVE 2010 REGISTRATION COMMITTEE ONLY:

DATE RECEIVED _____ CHECK #: _____ REGISTRATION #: _____ ROOM #: _____

REMEMBER <> HOTEL RESERVATIONS MUST BE MADE WITH THIS FORM ONLY THROUGH DAD BILLHYMER

- ☐ 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) Home Telephone No: Chapter, Bethel or Assembly Name

MEDICAL HISTORY AND RELEASE FORM

<> PARTICIPANT'S INDEMNIFICATION <>

REQUIRED FOR ALL PARTICIPANTS

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: _____
 Medical Insurance Policy Number: _____

Name of Family Physician: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone No: (Area Code) _____ Phone No. _____

In case of an emergency, contact :

Name : _____
Address: _____
City: _____
State: _____ **Zip Code:** _____

Telephone Number For Emergency Contact:
Day: (Area Code) _____ Phone No. _____
Night: (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: _____