

WINTERFEST REGISTRATION



January 14-16, 2011 • Holiday Inn Alpena Holidome
1000 U.S. 23 North • Alpena, MI 49707

Please Print—One form per Person

| | |
|---|--|
| Name (Last, First) | Phone Number |
| Chapter/Masonic Body | Email |
| Title/Position | Age <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Street Address | <input type="checkbox"/> Active DeMolay <input type="checkbox"/> Parent <input type="checkbox"/> Senior DeMolay <input type="checkbox"/> Rainbow Girl <input type="checkbox"/> DeMolay Advisor <input type="checkbox"/> Job's Daughter <input type="checkbox"/> Squire <input type="checkbox"/> Masonic Family <input type="checkbox"/> Candidate <input type="checkbox"/> Visitor |
| City State ZIP | |
| T-Shirt Size _____ (XL, if not indicated) | |
| | |

REGISTRATION FEES

Please make Checks or Money Orders payable to "Michigan DeMolay" - DO NOT SEND CASH!

All prices below include the appropriate number of nights lodging, all registration fees, applicable meals (& snacks), activities, events and much more!!!! Please check the boxes on the left of the item you are registering for.

| CHECK HERE | | |
|--------------------------|---|---------------------|
| <input type="checkbox"/> | Youth Rate—4 to a Room/Two Nights (2 double beds) includes: 2 Nights / 3 Days Lodging, All Meals & More... | \$105.00 per person |
| <input type="checkbox"/> | Adult Rate—4 to a Room/Two Nights (2 double beds) includes: 2 Nights / 3 Days Lodging, All Meals & More... | \$125.00 per person |
| <input type="checkbox"/> | Adult / Youth Rate—2 to a Room/Two Nights (2 double or 1 king bed—pending availability) includes: 2 Nights / 3 Days Lodging, All Meals & More... | \$175.00 per person |
| <input type="checkbox"/> | Adult / Youth Rate—1 to a Room/Two Nights includes: 2 Nights / 3 Days Lodging, All Meals & More... | \$300.00 per person |

Registrations postmarked *after* **DECEMBER 17, 2010** must ADD \$25 to their fee.
Registrations received after this date are accepted based on hotel room availability



MEET THE DEADLINE & GET A FREE SHIRT!

If your Winterfest registration is postmarked by December 1, 2010, you'll get a FREE Winterfest T-Shirt. Shirt offer ENDS on December 1st. Sorry, NO EXCEPTIONS!

Room Assignment Request - list those people you wish to room with (subject to the housing rules of Michigan DeMolay).

1. _____ 2. _____
3. _____ 4. _____

MAIL REGISTRATION TO:
Michigan DeMolay Winterfest
c/o Dad Lyester D. Billhymer
18144 Whitmore Dr.
Clinton TWP, MI 48035

Total Due \$ _____
+ Late Fee (if applicable) \$ _____
- Deposit (50% required) \$ _____
Balance Due at Registration \$ _____

OFFICE USE ONLY Rec'd _____ CK # _____ Reg # _____ Room _____

••• PARTICIPANT'S INDEMNIFICATION - REQUIRED FOR ALL PARTICIPANTS •••

I hereby promise to conduct myself in a responsible manner and abide by the DeMolay rule and regulations, remembering that the future welfare of the Order of DeMolay is in my hands. If I do not abide by this promise, I will be 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, and 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:** _____

DeMolay's, Chapter Sweetheart's, Job's Daughter's & Rainbow's

Forms will not be accepted unless approved and signed by a
Chapter Dad Advisor, Bethel Guardian or Mother Advisor attending Winterfest

••• ADULT LEADER APPROVAL AND STATEMENT •••

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

(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 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 No. and name or Assembly No. 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*

••• HEALTH HISTORY - REQUIRED FOR ALL PARTICIPANTS •••

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

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> 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"/> Allergies, Medications, Other: | | |

Name of Medical Insurance Company: _____

Medical Insurance Policy Number: _____

Name of Family Physician: _____

Address: _____

City, State, Zip: _____

Phone: (_____) _____

In case of an emergency, contact:

Name: _____

Contact's Phone Information:

Address: _____

Daytime Phone: (_____) _____

City: _____

Evening Phone: (_____) _____

State: _____ Zip: _____

Cell Phone: (_____) _____

••• PARENTAL PERMISSION & MEDICAL RELEASE •••

REQUIRED FOR ALL PARTICIPANTS UNDER THE AGE OF 18

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 those 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 activities of this DeMolay event.

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: _____