

MICHIGAN DeMOLAY WINTERFEST 2018 REGISTRATION

NOTE: USE ONLY ONE REGISTRATION FORM PER PERSON



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

January 12 - 14, 2018 • Holiday Inn Gateway Center • 5353 Gateway Centre Drive, Flint, MI 48507

<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
FIRST NAME	M.I.	LAST NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS <> STREET NO. & NAME	APARTMENT NO.	AGE
<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>
PHONE NUMBER	E-MAIL ADDRESS	
<input type="text"/>	<input type="text"/>	
NAME OF CHAPTER OR OTHER MASONIC BODY	CURRENT TITLE OR CURRENT OFFICE HELD	
<input type="text"/>	<input type="text"/>	

CHECK THE ONE THAT BEST APPLIES

Active DeMolay

DeMolay Candidate

Senior DeMolay

DeMolay Squire

DeMolay Advisor

Parent or Advisor

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 WINTERFEST PACKAGE:
THE WINTERFEST 2018 REGISTRATION PACKAGE INCLUDES:

- Jedi Joust • Star Wars Jeopardy • Video Games • Cantina Karaoke • Star Wars Family Fued • Free Time and Much, Much More...

CHECK ONE	SELECT SHIRT SIZE SM <input type="checkbox"/> MD <input type="checkbox"/> LG <input type="checkbox"/> XL <input type="checkbox"/> 2X <input type="checkbox"/>	PRICE BEFORE DEC. 16	PRICE AFTER DEC. 16
	YOUTH RATE ONLY - 4 TO A ROOM / 2 DOUBLE BEDS Includes: Winterfest Registration, 2 Nights, 4 Meals, Winterfest shirt and More...	\$150	\$200
	YOUTH / ADULT RATE - 3 TO A ROOM / 2 DOUBLE BEDS Includes: Winterfest Registration, 2 Nights, 4 Meals, Winterfest shirt and More...	\$165	\$215
	YOUTH / ADULT RATE - 2 TO A ROOM / 2 DOUBLE BEDS OR 1 KING BED (IF AVAILABLE) Includes: Winterfest Registration, 2 Nights, 4 Meals, Winterfest shirt and More...	\$200	\$250
	YOUTH / ADULT RATE - 1 TO A ROOM / KING BED Includes: Winterfest Registration, 2 Nights, 4 Meals, Winterfest shirt and More...	\$280	\$330
	SATURDAY NIGHT SPECIAL (YOUTH ONLY) - 4 TO A ROOM / 2 DOUBLE BEDS Includes: Winterfest Registration, 1 Night, 3 Meals (lunch, dinner and breakfast)	\$95	\$145
	SATURDAY NIGHT SPECIAL YOUTH / ADULT RATE - 3 TO A ROOM / 2 DOUBLE BEDS Includes: Winterfest Registration, 1 Night, 3 Meals (lunch, dinner and breakfast)	\$110	\$160
	SATURDAY NIGHT SPECIAL YOUTH / ADULT RATE - 2 TO A ROOM / 2 DOUBLE BEDS OR 1 KING BED (IF AVAILABLE) Includes: Winterfest Registration, 1 Night, 3 Meals (lunch, dinner and breakfast)	\$120	\$170
	SATURDAY NIGHT SPECIAL ADULT RATE - 1 TO A ROOM / KING BED Includes: Winterfest Registration, 1 Night, 3 Meals (lunch, dinner and breakfast)	\$160	\$210
	SATURDAY DAY PASS - Adult Only Includes: Winterfest Registration and T-Shirt	\$25	\$25
	SATURDAY DAY PASS - With Meals (Youth Must Select This Option) (Adults Optional for Meals) Includes: Winterfest Registration, T-Shirt, 2 Meals (lunch, dinner)	\$70	\$70



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

SUB-TOTAL \$ _____

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

GRAND TOTAL \$ _____

1. _____
2. _____
3. _____

For any questions please contact:
 'Dad' Jeff Stewart
 Text or call 734-673-4012
 cawscs@hotmail.com

TOTAL ENCLOSED \$ _____

BALANCE DUE \$ _____

Make Check or Money Order Payable to "Michigan DeMolay"

<><><> Note: DO NOT SEND CASH<><><>

Mail To: Winterfest 2018
 c/o 'Dad' Jeff Stewart
 43601 Antietam Dr.
 Canton, MI 48111

NOTE: YOU WILL BE CHARGED FOR THE FOLLOWING

Returned Check Fee = \$30.00

- DeMolay Chapter Dad Advisor
- Job's Daughters Bethel Gaurdian
- 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 Event 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"/> Rhuemtaic 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: _____
 Telephone No: (Including Area Code) _____
 Medical Insurance Policy Number: _____ City: _____ State: _____ Zip Code: _____

In case of an emergency, contact:
 Address: _____ Day Phone : (Including Area Code) _____
 City: _____ Evening Phone : (Including Area Code) _____
 State: _____ Zip Code: _____

<> 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 GAURDIAN (Signature) _____ DATE: _____