

MICHIGAN DeMolay CONCLAVE 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

August 10 - 12, 2018 • Holiday Inn Gateway Center • 5353 Gateway Centre Drive, Flint, MI 48507

FIRST NAME	M.I.	LAST NAME
ADDRESS <> STREET NO. & NAME	APARTMENT NO.	AGE M F
CITY	STATE	ZIP CODE
PHONE NUMBER	E-MAIL 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 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 CONCLAVE PACKAGE:
THE CONCLAVE 2018 REGISTRATION PACKAGE INCLUDES:

- Conclave 2018 Registration Packet • Opening & Closing Ceremonies • Conclave Banquet • Awards Breakfast
- Installation • Board & Card Game Room • Free Time and Much, Much More...

<> ADULT LEADER <>
APPROVAL AND STATEMENT

DeMolay Chapter Dad Advisor
 Job's Daughters Bethel Gaurdian
 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 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

<> 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: _____

MEDICAL HISTORY AND RELEASE FORM

<> PARENTAL PERMISSION & MEDICAL RELEASE <>

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: _____

<> 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 _____ | | |

***Non-insurance waiver:** I hereby agree not to hold Michigan DeMolay responsible for any injuries sustained during the entire DeMolay event.

(Parent or Legal Guardian Printed Name) _____

(Parent or Legal Guardian Signature) _____

Name of Medical Insurance Company: _____

Medical Insurance Policy #: _____

Name of Family Physician: _____ Telephone No: (Including Area Code) _____

City: _____ State: _____ Zip Code: _____

In case of an emergency, contact:

Address: _____ Day Phone : (Including Area Code) _____

City: _____

State: _____ Zip Code: _____ Evening Phone : (Including Area Code) _____

<> DIETARY & ALLERGY INFORMATION <>

The DeMolay staff would like to know if this participant has any dietary or allergy restrictions. Dietary restrictions MUST be indicated here to receive a personalized meal ticket for all food functions. To ensure your safety, special requests will not be provided at meal functions without a meal ticket.

CHECK ONE	(*Note: Any registration received after July 31st will not receive a gift)	PRICE BEFORE JULY. 16	PRICE AFTER JULY. 16
	YOUTH RATE ONLY - 4 TO A ROOM / 2 DOUBLE BEDS Includes: Conclave Registration, 2 Nights, 5 Meals (Friday dinner, Saturday breakfast, lunch, dinner, Sunday breakfast)	\$180	\$230
	YOUTH / ADULT RATE - 3 TO A ROOM / 2 DOUBLE BEDS Includes: Conclave Registration, 2 Nights, 5 Meals (Friday dinner, Saturday breakfast, lunch, dinner, Sunday breakfast)	\$195	\$245
	YOUTH / ADULT RATE - 2 TO A ROOM / 2 DOUBLE BEDS OR 1 KING BED (IF AVAILABLE) Includes: Conclave Registration, 2 Nights, 5 Meals (Friday dinner, Saturday breakfast, lunch, dinner, Sunday breakfast)	\$230	\$280
	YOUTH / ADULT RATE - 1 TO A ROOM / KING BED Includes: Conclave Registration, 2 Nights, 5 Meals (Friday dinner, Saturday breakfast, lunch, dinner, Sunday breakfast)	\$315	\$365
	SATURDAY NIGHT SPECIAL (YOUTH ONLY) - 4 TO A ROOM / 2 DOUBLE BEDS Includes: Conclave Registration, 1 Night, 3 Meals (Saturday lunch, dinner and Sunday breakfast)	\$140	\$190
	SATURDAY NIGHT SPECIAL YOUTH / ADULT RATE - 3 TO A ROOM / 2 DOUBLE BEDS Includes: Conclave Registration, 1 Night, 3 Meals (Saturday lunch, dinner and Sunday breakfast)	\$150	\$200
	SATURDAY NIGHT SPECIAL YOUTH / ADULT RATE - 2 TO A ROOM / 2 DOUBLE BEDS OR 1 KING BED (IF AVAILABLE) Includes: Conclave Registration, 1 Night, 3 Meals (Saturday lunch, dinner and Sunday breakfast)	\$165	\$215
	SATURDAY NIGHT SPECIAL ADULT RATE - 1 TO A ROOM / KING BED Includes: Conclave Registration, 1 Night, 3 Meals (Saturday lunch, dinner and Sunday breakfast)	\$205	\$255
	SATURDAY NIGHT SPECIAL (YOUTH ONLY) - 4 TO A ROOM / 2 DOUBLE BEDS Includes: Conclave Registration, 1 Night, 2 Meals (Saturday dinner and Sunday breakfast)	\$120	\$170
	SATURDAY NIGHT SPECIAL YOUTH / ADULT RATE - 3 TO A ROOM / 2 DOUBLE BEDS Includes: Conclave Registration, 1 Night, 2 Meals (Saturday dinner and Sunday breakfast)	\$130	\$180
	SATURDAY NIGHT SPECIAL YOUTH / ADULT RATE - 2 TO A ROOM / 2 DOUBLE BEDS OR 1 KING BED (IF AVAILABLE) Includes: Conclave Registration, 1 Night, 2 Meals (Saturday dinner and Sunday breakfast)	\$145	\$195
	SATURDAY NIGHT SPECIAL ADULT RATE - 1 TO A ROOM / KING BED Includes: Conclave Registration, 1 Night, 2 Meals (Saturday dinner and Sunday breakfast)	\$185	\$235
	SATURDAY DAY PASS - Adult Only Includes: Conclave Registration and Gift	\$10	\$10
	SATURDAY DAY PASS - With Meals (Youth Must Select This Option) (Adults Optional for Meals) Includes: Conclave Registration, gift, 2 Meals (Saturday lunch and dinner)	\$45	\$45
	SATURDAY DAY PASS - Banquet Dinner Includes: Conclave Registration, gift, banquet dinner	\$35	\$35



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

SUB-TOTAL \$ _____

GRAND TOTAL \$ _____

Adults Only: If you would be interested in assisting with curfew check or room checkout please indicate below.

TOTAL ENCLOSED \$ _____

Saturday Curfew Check Sunday Curfew Check Sunday Room Checkout

BALANCE DUE \$ _____

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

1. _____
2. _____
3. _____

NOTE: YOU WILL BE CHARGED FOR THE FOLLOWING

Returned Check Fee = \$30.00

Make Check or Money Order Payable to "Michigan DeMolay"

For any questions please contact: 'Dad' Jeff Stewart

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

Text or call: 734-673-4012

Mail To: Conclave 2018
c/o 'Dad' Jeff Stewart
43601 Antietam Dr.
Canton, MI 48188

Email: cawscs@hotmail.com