

# 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 18 - 20, 2019 • 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 WINTERFEST PACKAGE:**  
**THE WINTERFEST 2018 REGISTRATION PACKAGE INCLUDES:**

- Golden Egg Scavenger Hunt • Harry Potter Triva • Costume Contest • Free Time and Much, Much More...

CHECK ONE	SELECT SHIRT SIZE	SM	MD	LG	XL	2X	Mens	Ladies	PRICE BEFORE DEC. 16	PRICE AFTER DEC. 16
	<b>YOUTH RATE ONLY - 4 TO A ROOM / 2 DOUBLE BEDS</b>								<b>\$160</b>	<b>\$210</b>
	Includes: Winterfest Registration, 2 Nights, 4 Meals, Winterfest shirt and More...									
	<b>YOUTH / ADULT RATE - 3 TO A ROOM / 2 DOUBLE BEDS</b>								<b>\$175</b>	<b>\$255</b>
	Includes: Winterfest Registration, 2 Nights, 4 Meals, Winterfest shirt and More...									
	<b>YOUTH / ADULT RATE - 2 TO A ROOM / 2 DOUBLE BEDS OR 1 KING BED (IF AVAILABLE)</b>								<b>\$205</b>	<b>\$255</b>
	Includes: Winterfest Registration, 2 Nights, 4 Meals, Winterfest shirt and More...									
	<b>YOUTH / ADULT RATE - 1 TO A ROOM / KING BED</b>								<b>\$280</b>	<b>\$330</b>
	Includes: Winterfest Registration, 2 Nights, 4 Meals, Winterfest shirt and More...									
	<b>SATURDAY NIGHT SPECIAL (YOUTH ONLY) - 4 TO A ROOM / 2 DOUBLE BEDS</b>								<b>\$100</b>	<b>\$150</b>
	Includes: Winterfest Registration, 1 Night, 3 Meals (lunch, dinner and breakfast)									
	<b>SATURDAY NIGHT SPECIAL YOUTH / ADULT RATE - 3 TO A ROOM / 2 DOUBLE BEDS</b>								<b>\$115</b>	<b>\$165</b>
	Includes: Winterfest Registration, 1 Night, 3 Meals (lunch, dinner and breakfast)									
	<b>SATURDAY NIGHT SPECIAL YOUTH / ADULT RATE - 2 TO A ROOM / 2 DOUBLE BEDS OR 1 KING BED (IF AVAILABLE)</b>								<b>\$125</b>	<b>\$175</b>
	Includes: Winterfest Registration, 1 Night, 3 Meals (lunch, dinner and breakfast)									
	<b>SATURDAY NIGHT SPECIAL ADULT RATE - 1 TO A ROOM / KING BED</b>								<b>\$165</b>	<b>\$215</b>
	Includes: Winterfest Registration, 1 Night, 3 Meals (lunch, dinner and breakfast)									
	<b>SATURDAY DAY PASS - Adult Only</b>								<b>\$25</b>	<b>\$25</b>
	Includes: Winterfest Registration and T-Shirt									
	<b>SATURDAY DAY PASS - With Meals (Youth Must Select This Option) (Adults Optional for Meals)</b>								<b>\$70</b>	<b>\$70</b>
	Includes: Winterfest Registration, T-Shirt, 2 Meals (lunch, dinner)									



No registrations will be accepted after December 28th. There will be a \$30 fee assessed for any cancelled or no show reservation after December 28th. \$30 charge for all NSF Checks.

ALL cancellations must be submitted electronically to 'Dad' Jeff Stewart

SUB-TOTAL \$ \_\_\_\_\_

GRAND TOTAL \$ \_\_\_\_\_

**Make Check or Money Order Payable to "Michigan DeMolay"**  
**Note: DO NOT SEND CASH**

Mail To: Winterfest 2019  
 c/o 'Dad' Jeff Stewart  
 43601 Antietam Dr.  
 Canton, MI 48111

TOTAL ENCLOSED \$ \_\_\_\_\_

BALANCE DUE \$ \_\_\_\_\_

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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

Adult Leader Approval & 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 Ault Leader: \_\_\_\_\_  
Print Name Telephone Number Chapter, Bethel or Assembly Name

Participants Idemnification

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: \_\_\_\_\_

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 out-door 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 Gardian Signature) \_\_\_\_\_ Date: \_\_\_\_\_

Health History

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

- |  |   |   |   |
|--|---|---|---|
| <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 _____        |   | <input type="checkbox"/> Participant has no health problems |

Health Notes/Food Allergies: \_\_\_\_\_  
\_\_\_\_\_

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

(Parent or Legal Guardian Printed Name) \_\_\_\_\_ (Parent or Legal Guardian Signature) \_\_\_\_\_

Name of Medical Insurance Company: \_\_\_\_\_ 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: \_\_\_\_\_ Evening Phone : (Including Area Code) \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_