

Michigan DeMolay Conclave 2019 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 Guardian or Mother Advisor

August 9 - 11, 2019

Hotel : Crowne Plaza • 2700 28th St. SE, Grand Rapids, MI 49546

Events : Grand Rapids Masonic Temple • 233 Fulton St. E, Grand Rapids MI 49503

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 2019 REGISTRATION PACKAGE INCLUDES:

- Conclave 2019 Registration Packet • Opening & Closing Ceremonies • Conclave Banquet Awards Breakfast • Installation • Bowling includes 2 games, 2 slices of pizza, shoes and pop

NOTE: All registrations MUST be in hand by July 12th.		Circle one option ---->		
		WITHOUT BOWLING	WITH BOWLING	No Lunch
YOUTH RATE ONLY - 4 TO A ROOM / 2 DOUBLE BEDS Includes: Conclave Registration, 2 Nights, 4 Meals (Saturday breakfast, lunch, dinner, Sunday breakfast)		\$160	\$175	-
YOUTH / ADULT RATE - 3 TO A ROOM / 2 DOUBLE BEDS Includes: Conclave Registration, 2 Nights, 4 Meals (Saturday breakfast, lunch, dinner, Sunday breakfast)		\$175	\$190	-
YOUTH / ADULT RATE - 2 TO A ROOM / 2 DOUBLE BEDS OR 1 KING BED (IF AVAILABLE) Includes: Conclave Registration, 2 Nights, 4 Meals (Saturday breakfast, lunch, dinner, Sunday breakfast)		\$205	\$220	-
YOUTH / ADULT RATE - 1 TO A ROOM / KING BED Includes: Conclave Registration, 2 Nights, 4 Meals (Saturday breakfast, lunch, dinner, Sunday breakfast)		\$300	\$315	-
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)		\$135	-	\$120
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)		\$145	-	\$130
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)		\$160	-	\$145
SATURDAY NIGHT SPECIAL ADULT RATE - 1 TO A ROOM / KING BED Includes: Conclave Registration, 1 Night, 3 Meals (Saturday lunch, dinner and Sunday breakfast)		\$200	-	\$185
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	-	-
SATURDAY DAY PASS - Banquet Dinner. Includes: Conclave Registration, gift, banquet dinner		\$30	-	-



No registrations will be accepted after July 12th. There will be a \$30 fee assessed for any canceled or no show reservation on or after July 12th. \$30 charge for all NSF Checks. ALL cancellations must be submitted electronically to 'Dad' Jeff Stewart. Any other form of communication will NOT be accepted.

SUB-TOTAL \$ _____

GRAND TOTAL \$ _____

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

Mail To: Conclave 2019
c/o 'Dad' Jeff Stewart
43601 Antietam Dr.
Canton, MI 48188

TOTAL ENCLOSED \$ _____

BALANCE DUE \$ _____

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

- _____
- _____
- _____

For any questions please contact:
'Dad' Jeff Stewart
Text or call 734-673-4012
jstewart@michigandemolay.org

Adult Leader Approval & 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 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.

Registered 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, judgments, 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 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, judgments, 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 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"/> 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 _____ | | <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 sustained 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: _____