Michigan DeMolay Conclave 2022 Registration NOTE: Use only one registration form per person

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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 13, 2022 • Scottish Rite Valley-Detroit • 907 Monroe St., Dearborn, MI 48214

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FIRST NAME M.I. LAST NAME																																								
																	Active DeMolay																							
ADDRESS <> STREET NO. & NAME APARTMENT NO. AGE														N	1	F	=		=				didate																	
												Senior DeMolay DeMolay Squire																												
CITY STATE ZIP CODE											DeMolay Advisor																													
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PHONE NUMBER E-MAIL ADDRESS												I I	=		tive Jo o's Ad		aught	er																						
											Active Rainbow Girl																													
NAME OF CHAPTER OR OTHER MASONIC BODY CURRENT TITLE OR CURRENT OFFICE HELD																																								
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	CONCLAVE - Meals are provided by Park Place Caterers. Meal includes choice of Turkey, Roast Beef, or Veggie sandwich on a Kaiser roll, pasta salad, fresh fruit cup, cookie, and beverage.										ī,	Meal Choic												•																
COST									Ü								_							ndicates meal choice																
	FUN EVENT - 4 hours at Midway Sports and Entertainment in Taylor. Unlimited rides on: Go Karts, Double Karts, Mini Golf, Driving Range, Spin Zone, Double Spin Zone, Rock Climbing, Bungy Dome.																		gistration type																					
Private Picnic Area - 2 slices of pizza, beverage, and dessert.												4	Turkey Roa			as	ıst Beef Veggie			gie																				
\$35	Conclave and Fun Event - No charge for children under 5																																							
\$25	5 Conclave Only																																							
NOTE: Any registration postmarked after July 29 sub-тота										AL S	\$																													
will r	าด	t b	e	ac	ce	pt	ed	_																																
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	There will be a \$30 fee assessed for the any of																																							
following reasons: TOTAL ENCLOSED \$																																								
• A	 A canceled reservation after the July 29. 												BALANCE DUE \$																											
• 🗡	• A no show reservation.																																							
• 🗡	A NSF Check.												A \$0.50 processing fee will be added																											
Αı	A reservation cancellation must be submitted											on for each registration that is paid by																												
	electronically to 'Mom' Cheryl Stewart											credit card.																												

Make Check or Money Order Mail To: Conclave 2022

Payable to "Michigan DeMolay"

Note: DO NOT SEND CASH

ATTN: 'Mom' Cheryl Stewart 43601 Antietam Dr.

Canton, MI 48188

Adult Leader Approval & S	Statement DeMolay Chapte	er Dad AdvisorJob's Daughte	ers 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.													
Responsible Adult Leader: Print Na	ame Tel	lephone Number	Chapter, Bethel or Assembly Name										
Participants Indemnificati	<u>on</u>												
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 relfare 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 rill 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 rouncil of the Order of DeMolay, all Affiliated Organizations and the DeMolay Staff harmless from and against any and all penalties, losses, costs, amages, suits, judgments, claims, demands, expenses and liabilities of any kind or nature whatsoever, arising directly or indirectly out of or inconnection with my attendance at this DeMolay event.													
Participant's Signature: Date:													
Parental Permission & Medical Release													
As the Parent or Lega named participant into a hospita named participant needs medica door activities and other physica To the best of my know ties. I also agree, upon no necessary that he/she be remov may be entered if it is deemed in In consideration of the Affiliated Organizations and the mands, expenses and liabilities	al Guardian of the participant named a lof their choosing. They may also of al attention or treatment. I also realized a activities related to this event. Wledge, there is no reason why the all stification from the DeMolay Staff, to proved from the site of this DeMolay ever necessary by the DeMolay Staff. The DeMolay Staff accepting this registrope DeMolay Staff harmless from and agof any kind or nature whatsoever, arise	otain medical attention or treatme that DeMolay members attending bove named participant should no bick up the above named participant. In addition, I agree on behalf of tration, I shall indemnify and hold lainst any and all penalties, losses	on for the DeMolay Staff to enter the above in the physician, if in their opinion, the above in the graph of the engaged in indoor and outout be allowed to participate in the DeMolay activiant, if, in the opinion of the DeMolay Staff, it is if the above named participant, that his/her room Michigan DeMolay, DeMolay International, all is, costs, damages, suits, judgments, claims, dein connection with the above named participant's										
attendance at this DeMolay eve	nt.												
	estrictions. Dietary restrictions MUST		n problems with the following and any dietary or ersonalized meal ticket for all food functions. To										
Appendicitis	Ear Trouble	Frequent Colds	Rheumatic fever										
Convulsions	Epileptic Seizures	Heart Trouble	Sinus Trouble										
Cramps In Water	Fainting	Hernia	Throat Infection										
Diabetes	Other		Participant has no health problems										
Hoolth Notes/Food Allergies:			T dissipant has no nearth presione										
Health Notes/Food Allergies:													
	ereby agree not to hold Michigan DeN		sustained during the entire DeMolay event.										
Name of Medical Insurance Cor	mpany:		Policy #:										
Name of Family Physician:		Telephone No: (Include	ding Area Code)										
City:	State: Zip Code:												
In case of an emergency, conf													
Address:		Day Phone : (Includi	ng Area Code)										
City:													
State:		Evening Phone : (Inc	cluding Area Code)										