



# Convention 2011 – Heroes United



## DeMolay Individual Registration:

**Registration fees: \$100 pre-registration + \$100 second payment + \$60 final registration = \$260**

Non-refundable pre-registration fee must be paid to the chapter by: \_\_\_\_\_

Second registration payment must be paid to the chapter by: \_\_\_\_\_

The final registration balance must be paid to your chapter by: \_\_\_\_\_

This form must be completed and submitted to your chapter by: \_\_\_\_\_

*There is a \$25 fee for late payments.*

### Questions?

Please contact a chapter Advisor:

Name: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

**Full Legal Name:**

**Chapter:**

**Address:**

**Date of Birth:**

**City:**

**Zip:**

**Phone: ( )**

## Parent Consent / Medical Release

Parent(s)/Guardian(s) name: \_\_\_\_\_

I understand that DeMolay is an organization that consists of members who are of legal age (18-20) and of members who are not of legal age (12-17). The Convention Staff assigns four youth to a room with two queen-size beds. Youth attendees are roomed with other attendees of the same gender and similar age (within three years). Youth are not roomed with Advisors. Unless otherwise indicated on this registration form, I consent to having my child roomed as described above.

I agree to be available to be contacted at any time during Convention if necessary. I understand that should my child be required to leave Convention for disciplinary reasons, I am responsible for my child's transportation.

In case of accident or illness, I give my permission for a member of the Convention Staff or a DeMolay Advisor to seek medical attention deemed necessary at the time, for my child. I acknowledge that neither DeMolay International nor Washington DeMolay maintains any medical insurance and that I will be responsible for all medical costs. I will indemnify and hold DeMolay harmless for the costs of medical care regardless of whether such care may later be considered unnecessary. I have completed the information below, and realize it will be used only as outlined above.

Should the need arise, during Convention I/we can be reached at:

Daytime, evening, mobile phone numbers: \_\_\_\_\_

If I cannot be reached, I authorize to act on my behalf:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

I further agree to release and hold harmless DeMolay International and Washington DeMolay and its agents from any and all claims or causes of action which may arise out of my child's travel to and from, participation in, and attendance at Washington DeMolay's Convention. I have read the conditions of attendance and I hereby approve of the attendance of my child at Convention. My child may participate in all activities except:

\_\_\_\_\_  
Insurance Company Name

\_\_\_\_\_  
Policy Number (s)

\_\_\_\_\_  
Policy Holder's Name

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

### Must Be Signed By Attendee and Witnessed by A Parent/Legal Guardian:

I agree that while on my way to, in attendance at, and while returning from Convention I will follow the rules of Convention, and conduct myself in a manner consistent with the high standards of DeMolay. I will not bring anything to Convention that is inappropriate for the event. If my conduct violates DeMolay's rules, jeopardizes my safety or the safety of others, or distracts others from enjoying the event, I may be sent home at my own expense with a forfeiture of all fees, at the sole discretion of the Convention Director. If this occurs, an on-site Advisor from my chapter and my Parent/Guardian will be informed immediately. Further disciplinary action may be considered by the Executive Officer and the Chapter Advisory Council.

\_\_\_\_\_  
DeMolay's signature

\_\_\_\_\_  
Parent/Legal Guardian Initials

I request Vegetarian Meals  I request Special Diet Meals. (Attach Explanation)



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## DeMolay Individual Registration:

Please check one: <input type="checkbox"/> DeMolay <input type="checkbox"/> Candidate	Chapter:
Name:	Current Office:

(Your name as you wish it to appear on your name badge.)

(If you are a Regional or State Officer, list your highest current office.)

## Ritual Competition Signup

Check the competitions in which you wish to compete:

Individual Ritual Competitions			Chapter Ritual Competitions	
V e t e r a n	N o v i c e		<input type="checkbox"/> Opening/Closing (A or B)	
			<input type="checkbox"/> Initiatory (A or B)	
			<input type="checkbox"/> DeMolay Degree Drama	
			<i>Consult with your chapter to determine whether you will compete in the A (large team) or B (small team) category and to coordinate which part you will perform.</i>	
			Team Ritual Competitions	
		1 <sup>st</sup> Preceptor	<input type="checkbox"/> DeMolay Degree Fourth Section	Team (letter): _____
		2 <sup>nd</sup> Preceptor	<input type="checkbox"/> Installation Team	Team (letter): _____
		3 <sup>rd</sup> Preceptor	<input type="checkbox"/> 9 O'clock Interpolation* - Chaplain	Team (letter): _____
		4 <sup>th</sup> Preceptor	<input type="checkbox"/> 9 O'clock Interpolation* - M.C.	Team (letter): _____
		5 <sup>th</sup> Preceptor	<input type="checkbox"/> Arch of Steel - Basic	Team (letter): _____
		6 <sup>th</sup> Preceptor	<input type="checkbox"/> Arch of Steel – Free-style	Team (letter): _____
		7 <sup>th</sup> Preceptor		
		1 <sup>st</sup> Degree Obligation		
		2 <sup>nd</sup> Degree Obligation		
<p><b><u>Veteran category:</u></b> Mark this category if you have previously placed 1<sup>st</sup> in a Preceptor part, or if you are a current councilor, Master Councilor, or are a Past Master Councilor.</p>			<p><i>If your chapter has more than one team in a particular competition, designate a team letter to specify who your teammates are. All of the members on your team should designate the same team letter, and everyone on other teams should designate different team letters.</i></p>	
<p><b><u>Novice:</u></b> Mark this box if you do not fit in the Veteran category.</p>			<p><i>*You may compete in 9 o'clock interpolation more than once – but you cannot hold the same position on more than one team</i></p>	
<input type="checkbox"/> Chaplain <input type="checkbox"/> Orator <input type="checkbox"/> Flower Talk <input type="checkbox"/> Ceremony of Light (Certification) <input type="checkbox"/> Magnificent 7 (All 7 Preceptors)				