

WOFAB 2023

Need 2 Know Packet



Date: August 3rd-6th, 2023

Location: Ellensburg KOA
32 Thorp Hwy S, Ellensburg, 98926

Contact: SSC (253) 486-2899

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WOFAB SCHEDULE

Thursday, August 3rd

5:00 PM	Spawn in (Arrival)
6:00-9:00 PM	Lake / Beach
11:00 PM	Quiet Time
12:00 AM	Set Spawn Points (Time to sleep)

Friday, August 4th

7:00 AM	Wake up
8:00-9:30 AM	Polar Bear Swim
12:00-1:00 PM	Heal Up (Lunchtime own your own)
1:00-3:30 PM	Sports
6:00-7:00 PM	Dinner (On your own)

Saturday, August 5th

7:00 AM	Wake Up
8:00-9:30 AM	Polar Bear Swim
10:00-12:30 PM	Minecraft Minigames
6:00 - 7:30 PM	Dinner
11:00 PM	Quiet Time
12:00 AM	Bedtime

Sunday, August 6th

7:00 AM	Wake Up
8:00 AM	Begin Packing
Save & Quit (Checkout)	

Registration Information

This year we have a VERY LIMITED number of sites available, so book early to ensure your Chapter gets them.

RV Sites (Thursday – Sunday) – 5 Available

Tent Sites (Thursday – Sunday) – 5 Available

Tent Sites (Friday - Sunday) – 10 Available

Must register *by the deadline* – 11:59pm July 27th

www.wademolay.org

Click "News and Info" at the top of the Page, then
State Event Registrations

***Registration submissions received after the July 16th, 2019 (midnight) deadline will be assessed a \$5.00 late registration fee per person. Registration fees must be paid prior to arrival at WOFAB. Paying onsite at the time of check-in for WOFAB or those who register onsite will be assessed a \$5.00 late fee per registrant, unless they are replacing an attendee who previously registered and paid on time.

Event Pricing:

The cost per site is:

- \$100/tent site/day for the weekend (max 8 people per site)
- \$115/RV site/day for the weekend (max 8 people per site)

Costs are typically split amongst the group and its attendees however they deem appropriate.

The cost per person is \$14/attendee in addition to the site fee to cover fun and food for the weekend.

WOFAB 2023 Camp Rules

1. The rules of Washington DeMolay, Washington Job's Daughters, Washington/Idaho Rainbow for Girls, and Common Sense apply.
2. Cut no trees, use designated paths, and respect the campsite.
3. Please only enter WOFAB campsites. Off-limits areas include the park buildings (other than restrooms), maintenance areas, and staff quarters.
4. All fires must be tended. Campfires may be banned during very dry weather. No campfires without park permission and only in designated fire pits.
5. No fireworks, drugs, alcoholic beverages, or weapons allowed. Violations will result in the persons being sent home immediately by event advisors.
6. No smoking is allowed at camp.
7. Please leave your campsite better than you found it. Thank you!
8. Obey all instructions given by the park staff.
9. RVs shall park only in campsites designated by event staff.
10. Pets must be on a leash AT ALL TIMES, when outside their own campsite. Campers will receive one verbal warning from park staff. If seen off leash a second time, the animal will be invited to leave the park. Pet owners are responsible for cleaning up after them.

Attendance at WOFAB is *voluntary* but following the above is *mandatory*. Attendance at WOFAB is explicit consent to following the above rules and failure to adhere as above SHALL result in your being asked to leave the Park at your cost with no refund given.

Wait a minute, What is “WOFAB”?

As DeMolay in Washington, we pride ourselves on the uniqueness of our events, even more so however, we pride ourselves on our brotherhood. Events like WOFAB are how we make this uniqueness and brotherhood possible. WOFAB stands for Weekend of Family and Brotherhood.

Every year we change up our theme, our campsite, and the crazy activities going on. If you look at the beginning of the Need 2 Know packet, you will find a schedule of events with some crazy ideas on it (For example, we are going to a mountain lake with an amazing beach?). This year WOFAB is following a Minecraft theme! We are challenging everyone to come prepared with plenty of excitement and willingness to participate in every (optional) event. The Officers of DeMolay in Washington cannot wait to see your enthusiasm and get to know you better at the biggest State Event of the year so far.

What to Bring to WOFAB 2023

1. Food for three days/cooking gear (except Saturday dinner).
2. Tent or RV (or find someone else to bring this).
3. Sleeping bag/Blankets & pillow.
4. Bugspray.
5. Sunscreen.
6. Swimming suit/ Towel.
7. Deodorant/ Toiletries.
8. Clothes for 3 days (include **warm** clothes).
9. Flashlight.
10. A few extra dollars for concessions.

Complete the Medical Release Forms BEFORE arriving for *every* youth in attendance. (www.WADeMolay.org - go to “Online Forms”) (Or print off the last page of the N2K.)

Your Registration Fee Includes

- ✓ Saturday Night Dinner!
- ✓ Games and Entertainment!
- ✓ Your Campsite!
- ✓ Lots of great memories with your brothers and family!

Directions

Ellensburg KOA
32 Thorp Hwy S
Ellensburg, 98926

Speelyi Beach
Just Past
590 Lake Cabins Rd
Ronald, WA 98940



DeMolay in Washington
 1111 A Street, Suite 1919
 Tacoma, WA 98402
 253-380-8193
 office@wademolay.org

2023

Parental Consent/Medical Release

Chapter **Youth Name**

I, the undersigned parent or legal guardian of the above named youth, do hereby give my consent and permission for them to participate in activities of the above named Chapter, Order of DeMolay, and the activities and events of DeMolay in Washington, and activities and events of DeMolay International.

I hereby give specific consent for the above named youth to participate in all activity (ies) of the above named Chapter, Order of DeMolay.

In case of accident or illness, I give my permission for any DeMolay Advisor to seek medical attention deemed necessary at the time for them. I hereby authorize any adult DeMolay Advisor present to seek and secure, or any first responder in attendance to provide, such emergency medical treatment as shall be deemed necessary in their opinion, including, but not limited to, hospitalization, injections, anesthesia, surgery, x-ray, blood and medications. I acknowledge that neither DeMolay International nor DeMolay in Washington nor the above named Chapter maintain any medical insurance and that I will be responsible for all medical costs. I will indemnify and hold DeMolay International, DeMolay in Washington and the above named Chapter 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. I understand that every reasonable effort will be made to contact me prior to treatment. In the case of an emergency and I cannot be reached, I authorize the following named person to act on my behalf:

Name **Relationship** **Phone**

I further agree to release and hold harmless the above named Chapter, DeMolay International and DeMolay in Washington and it's agents from any and all claims or causes of action which may arise out of their travel to and from, participation in and attendance at any planned event of function. The above named youth may participate in all activities except:

(List Exception)

I/we understand that while on the way to, in attendance at, or returning from any DeMolay function or event, I/we are obligated to follow the rules and guidelines of DeMolay International, DeMolay in Washington and the above named Chapter as well as my obligations as a DeMolay, Squire, Advisor, parent or guest of DeMolay. The possession or use of alcohol, tobacco or non-prescription drugs is strictly prohibited. If, in the opinion of a DeMolay Advisor, myself or my children is in violation of any of the rules and guidelines stated or implied above, I/we will be sent home at my own expense with a forfeiture of any fees. A complete report will be provided to the Executive Officer for possible action(s) in addition to those taken by the Chapter Advisory Council. I/we understand that permission expires **12/31/2023** and must be renewed annually. **A photocopy or electronic scan of this release has the same force and effect as the original.**

Parent Signature _____ Date _____

PLEASE COMPLETE THE FOLLOWING BY PRINTING THE ANSWERS CLEARLY:

Youth Name **Parent/Guardian**

Address

City

State **Zip Code**

Phone **Cell** **Phone** **Cell/Work**

Youth's Doctor **Doctor's Phone**

Allergies to Medicine

Prescriptions Now Taking

Insurance Carrier **Policy Number**