

GRAND MASTER'S CLASS 2018

N2K Packet

Join Washington DeMolay
for...

DE MOLAY
ON ICE

Grand Master's Class

November 17 at
Tacoma Scottish
Rite

Cost: \$10
Registration due
November 7

Questions? Contact SJC Kenneth Copeland at
kcopeland@wademolay.org

GMC INCENTIVES

1 Member
Unique DeMolay
Fanny Pack!

2 Members
DeMolay Fanny Pack
AND DeMolay Poker
Chip Set!!

3 Members
Above prizes AND
personalized DeMolay
card sleeves or a mini
speaker!

**LET'S GET 100
MEMBERS
TOGETHER!**

Date: November 17th, 2018

Cost: \$10 Per Person, free for initiates

Location: Tacoma Scottish Rite, 817 S Vassault St, Tacoma, WA 98465

Event Chairman: SJC Kenneth Copeland (425)-626-0190

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ABOUT GMC 2018

Grand Master's Class 2018 will be held at the Tacoma Scottish Rite on November 17, 2018 in honor of the Grand Master of Masons of Washington, MW James Kendall. The day will begin with registration at 12:00pm so please plan to eat lunch before arriving. Dinner will be provided and will take place after the Degrees. Not ready to go home right after dinner? That's great, because after dinner we will be heading to the Sprinker Recreation Center in Tacoma for **ICE SKATING!** The cost is \$10 for Grand Master's Class and dinner, and, for those that want to join us for skating, there is an additional cost of just \$8. The dress code for the ceremonies is Semi-Formal or Formal (Shirt and Tie Please) and athletic/casual for Ice Skating.

Membership Incentives

The time is now to share our amazing brotherhood with others! On November 17th, we will hold a celebration where we will initiate new brothers into our Order. Oh, and if the brotherhood of DeMolay wasn't enough reason to have your friends be initiated, check out our amazing incentives!

- All first-line signers and newly initiated candidates will receive a DeMolay fanny pack!
- All first-line signers on 2 new initiates will receive a DeMolay fanny pack and a DeMolay poker chip set!
- All first-line signers on 3 new initiates will receive a DeMolay fanny pack, poker chip set, and personalized DeMolay card sleeves or a mini speaker!

This year, your State Corps has set the goal of initiating 100 members at Grand Master's Class, and we want to work together with each and every Chapter to reach that amazing goal! Every Chapter has a representative from the State to personally help them plan and execute two prospect events. Be on the lookout for a traveling Corps member or Region Master Councilor. As well, always feel free to reach out and ask for help! Remember that your State Corps is here to help you! If you need onsite membership recruitment support or marketing/ promotional materials, call us! We have petitions, flyers, info sheets, and so much more. You name it and we'll provide it!

SCHEDULE OF EVENTS

12:00pm	Registration
1:00pm	State Chapter Opening
1:30pm	Brotherhood on Ice Initiation
2:30pm	DeMolay Degree
3:30pm	Dare to Dream 4 th Section
4:00pm	Presentation to the Grand Master
4:30pm	Follow Your Heart Flower Talk
4:45pm	Some People are Worth Melting For Closing
5:00pm	Family Dinner
7:30pm	DeMolays on Ice Skating Time!

WHAT TO WEAR:

GMC attire is **FORMAL** or **SEMI-FORMAL!**

Ice skating attire is **DEMOLAY CASUAL!**

Formal:

- Dark Suit / Sport Coat and Tie
- Dress Shoes and Dark Socks
- Honors / Awards as desired and appropriate for the occasion

Semi-Formal:

- Formal Slacks
- Button up Shirt and Tie
- Dress Shoes and Socks
- (Optional) Sweater or Coat

*Note: If this is not possible for some **Candidates**, please come wearing slacks (or nice jeans) and a button-down shirt.*

DeMolay Casual:

- Appropriate clothing.
- DeMolay logos wherever possible!

REGISTRATION

Must Register by 11:59pm

November 7th

www.wademolay.org

Click “News/Info” at top of the page, then
select State Event Registration

*****Note to those doing the registration: Your Chapter (or Group) pays for the number of people that are registered (e.g. if you register 10 people, and only 7 attend, you STILL need to pay for the 10 people). We pre-purchase food, tickets and supplies based on the numbers registered. If you have people registered that you know are not going to make it, please cancel them in advance to save yourself the expenses and us the over-purchases.*** If your group plans to not attend a meal, please let us know in advance so we can plan for that (however, there is no reduction in registration fees).**

Directions to GMC:

Tacoma Scottish Rite:

817 S Vassault St, Tacoma, WA 98465

Begin on **I-5 North** or **I-5 South**.

- Take **exit 132** for **SR-16 W / Gig Harbor / Bremerton**.
- Take **exit 2B** for **North Orchard St / S 19th St W**.
- **Turn left** onto **S Orchard St**.
- **Turn left** onto **S 12th St**.
- **Turn right** onto **S Vassault St**.
- Destination will be on the **left**.

Directions to Ice Skating:

Sprinker Recreation Center:

14824 C St S, Tacoma, WA 98444

From Tacoma Scottish Rite:

- **Turn left** onto **S Vassault St**.
- **Turn left** onto **S 12th St**.
- **Turn left** onto **S Pearl St**.
- **Turn right** for **SR-16 E / to I-5 / Seattle / Portland**.
- Exit in **3.2 miles** for **I-5 S / Portland**.

From I-5:

- Take **exit 127** for **SR-512 E / Puyallup**.
- Exit in **0.7 miles** for **Steele St S**.
- **Turn left** onto **Steele St S**.
- **Turn left** onto **Military Rd S**.
- Your destination will be on the **right**.



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

2018

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 him/her to participate in activities of the above named Chapter, Order of DeMolay, or the activities and events of Washington DeMolay, 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 my son/daughter. I hereby authorize any adult DeMolay Advisor present to seek and secure, and any physician 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 Washington DeMolay 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, Washington DeMolay 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 Washington DeMolay and it's agents from any and all claims or causes of action which may arise out of my son's/daughter's travel to and from, participation in and attendance at any planned event or function. He/She may participate in all activities except:

(List Exception)

I or my son/daughter 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, Washington DeMolay and the above named Chapter as well as my obligations as a DeMolay, Sorority member, parent or guest of a DeMolay or Sorority member. The possession or use of alcohol, tobacco or non-prescription drugs is strictly prohibited. If, in the opinion of a DeMolay Advisor, myself, my son or daughter is in violation of any of the rules and guidelines stated or implied above. I or my son or daughter 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 understand that permission expires **12/31/2018** 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 Address

City City

State Zip Code State Zip Code

Phone Cell Phone Cell/Work

Youth's Doctor Doctor's Phone

Allergies to Medicine

Prescriptions Now Taking

Insurance Carrier Policy Number