

GRAND MASTER'S CLASS 2025

N2K Packet



Date: Sunday, November 2nd, 2025

Cost: \$10 Per Person, free for initiates

Location: Port Orchard Masonic Center

1025 Sidney Ave, Port Orchard, WA 98366

Event Chairman: SSC Ryan Snyder – (360) 908 3180

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ABOUT GMC 2025

Grand Master's Class 2025 will be held at the Port Orchard Masonic Center on **SUNDAY** November 2, 2025 in honor of the Most Worshipful Grand Master of Masons in Washington. At the request and schedule of the Grand Master, this year the event will be held on a Sunday. The day will begin with registration at 9:00am. Breakfast will be provided and will take place after Registration. Spend time with your Masonic Family from all around the State! The cost is \$10 for Grand Master's Class and Breakfast. In respect of the ceremonies, the dress code for the event is Semi-Formal or Formal (Shirt and Tie, please).

SCHEDULE OF EVENTS

9:00am	Registration & Breakfast
10:30am	State Chapter Opening
11:00am	Initiatory Degree
11:45am	DeMolay Degree
12:45pm	4 th Section
1:00pm	Flower Talk
1:05pm	Presentation & Remarks
1:20pm	Closing

WHAT TO WEAR:

GMC attire is FORMAL or SEMI-FORMAL!

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.

REGISTRATION

Must Register by 11:59pm

October 29th

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 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:

**Port Orchard Masonic Center
1025 Sidney Ave Port Orchard, WA 98366**





DeMolay Washington
1111 A Street, Suite 1919
Tacoma, WA 98402

2025

office@wademolay.org

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 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 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 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 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 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 **12/31/2025** 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