

LEADERS' BALL 2024
NEED TO KNOW PACKET



**LEADERS BALL
REVOLUTION**

**\$17 Youth
\$10 Adults**

February 24th **Doors Open at
7:30pm**

**Brightwater Center in
Woodinville**

Registration Out Soon!



Registration Due Date: February 14th, 2024

Dance: February 24th, 2024

Location: Brightwater Center (22505 WA-9, Woodinville, WA)

Cost: \$17 Youth / \$10 Adult

Contact: SMC Joshua Evenstad

(360) 201-8147 or jevenstad@wademolay.org

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Schedule of Events

7:15 pm	Registration Opens
7:30 pm	Dance Begins
8:00 pm	Leaders' Line-up
8:15 pm	Introductions
10:30 pm	Dance Ends

A note to Master Councilors, Worthy Advisors and Honored Queens as well as Jurisdictional “Line” Officers – it is a tradition to honor the above leaders with an introduction at the dance. We ask that you please include your title information in the online registration form (there is a space). In addition, we ask that you plan to arrive no later than 8:00pm so that we can get everyone organized. Thank you for your help in making this happen!

Common Questions

“Who do I contact if I have a special circumstance that I am concerned about?”

Please call, text, or email SMC Joshua Evenstad with any concerns or help troubleshooting at (360) 201-8147 or jevenstad@wademolay.org.

“Is there dinner beforehand?”

There is no dinner provided, but there are many options available to you! Google “places to eat near Brightwater Treatment Plant” and you’re all set!

“I want to hear a song! How do I make that happen?”

This could not be simpler! Send all song requests to jevenstad@wademolay.org and we’ll add it to our song collection.

“I’m a leader, can my date be introduced with me?”

Only the Jurisdictional youth heads of the Masonic Youth Groups will be introduced with an escort. All others will be introduced individually.

“I am 20, can I bring a date that is 21?”

Yes. You may bring a date that is over the age of 21 provided that they are within 2 years of your age. They will need to pay the youth price and will need to abide by all rules pertaining to youth and DeMolay.

Dress Code

Gentlemen:

- Tuxedo or Dark Suit/Sport Coats
- Dress Slacks
- Dress Shirt or Banded Collar Dress Shirt
- Neck tie or bow tie
- Dress Shoes and Dress Socks (Color to match or funky)
- Snazzy, but not required: vest, cummerbund, or suspenders

Ladies:

- Dresses - must be Tea Length or Formal Length
- Dress shoes that are appropriate with outfit
- Shoes must stay on all night! Be prepared for dancing

Your organization may have additional Dress Code Rules that must be followed. You WILL be sent home if you are not in appropriate attire. You must follow your organization's rules first with DeMolay's dress code at a minimum.

This will be at the discretion of the State Dad Advisor with consultation of the other youth organization's Advisors.

Registration deadline is

February 14th, 2024

www.wademolay.org under News/Info

*****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.*****

Directions

Brightwater Center

22505 State Route 9 S.E. Woodinville, WA 98072





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

2024

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 **12/31/2024** 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