

# Conclave 2020

## **Registration Procedures:**

All participants must register on the appropriate form **before** the registration deadline.

## **General:**

All youth attendees must be a member or candidate of DeMolay

All youth (under 21) must fill out a Medical Release Form and have signed by an adult guardian

Checks should be from local Chapter and payable to Iowa DeMolay

## **Registration Due by July 13, 2020**

### **Payments and Medical Release forms can be mailed to:**

Iowa DeMolay

519 Park Street

Des Moines, IA 50307

***Registration may be submitted via email***

[reichardt.brad@gmail.com](mailto:reichardt.brad@gmail.com)

*Please contact Brad Reichardt with any late registrations*

## **Emergency Contact #**

Brad Reichardt

Executive Officer

Cell: (515) 669-2032

[reichardt.brad@gmail.com](mailto:reichardt.brad@gmail.com)



# Iowa DeMolay Conclave

July 25, 2020 / Des Moines, Iowa

## 2020 Conclave Registration Form

	First Name	Last Name	Full Day Package (\$60)	T-Shirt Size	Luncheon Only (\$20)	Youth or Adult
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Chapter Name:

Chapter Advisor Name:

Advisor Cell Number and Email:

Registration must be received by July 13, 2020

Send Registration via email to Brad Reichardt at [reichardt.brad@gmail.com](mailto:reichardt.brad@gmail.com)

Start Time	End Time	Event Name	Location	Point of Contact	Dress Code
9:30am	10:00am	Registration	Des Moines Scottish Rite	Dad Reichardt	Coat and Tie
10:00am	10:15am	Association Opening	Des Moines Scottish Rite	Dad Reichardt	Coat and Tie
10:15am	10:45am	Business Meeting	Des Moines Scottish Rite	Dad Reichardt	Coat and Tie
10:45am	11:00am	Cross of Honor Investiture	Des Moines Scottish Rite	Dad Reichardt	Coat and Tie
11:00am	11:30am	Chevalier Investiture	Des Moines Scottish Rite	Dad Reichardt	Coat and Tie
11:30am	1:00pm	Awards Luncheon	Des Moines Scottish Rite	Dad Reichardt	Coat and Tie
1:00pm	2:00pm	Installation of State Officers	Des Moines Scottish Rite	Dad Reichardt	Coat and Tie
2:00pm	5:00pm	Adventureland Park	Adventureland Park	Dad Reichardt	Casual: DeMolay T-Shirt and Shorts
5:00pm	5:30pm	Dinner	Adventureland Park	Dad Reichardt	Casual: DeMolay T-Shirt and Shorts
5:30pm	****	Chapter decides when to leave	Adventureland Park	Dad Reichardt	Casual: DeMolay T-Shirt and Shorts

**IOWA DEMOLAY  
MEDICAL HISTORY AND RELEASE FORM**

**\*Conclave 2020\***

NAME OF PARTICIPANT: \_\_\_\_\_ CHAPTER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ PH: \_\_\_\_\_

**\* PARTICIPANT'S INDEMNIFICATION \***

**(REQUIRED BY ALL PARTICIPANTS)**

I hereby promise to conduct myself in a responsible manner and abide by the DeMolay rules and regulations; and to follow all of the rules and regulations of this DeMolay event. If I do not abide by this promise, I will be subject to being returned home immediately at my own expense. In consideration of the DeMolay Staff accepting this registration, I shall indemnify and hold IOWA DeMolay, The International Supreme Council of the Order of DeMolay, all Affiliated Organizations and the DeMolay Staff harmless from and against any and all penalties, losses, costs, damages, suits, judgements, claims, demands, expenses and liabilities of any kind or nature whatsoever, arising directly or indirectly out of or in connection with my attendance at this DeMolay event.

**PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_**

**\* HEALTH HISTORY \***

The DeMolay Staff should be aware that this participant has experienced health problems with the following

Appendicitis     Ear Trouble     Frequent Colds     Rheumatic Fever  
 Convulsions  
 Epileptic Seizures     Heart Trouble     Sinus Trouble     Cramps in Water     Fainting  
 Hernia     Throat Infection     Diabetes    Other \_\_\_\_\_

Name of Medical Insurance  
Company \_\_\_\_\_  
Medical Insurance Policy  
Number \_\_\_\_\_

Family Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_

**IN CASE OF EMERGENCY, CONTACT:**

Name: \_\_\_\_\_ Phone No: Day: AC \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_ Night: AC \_\_\_\_\_ - \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell: AC \_\_\_\_\_ - \_\_\_\_\_

**\* PARENTAL PERMISSION & MEDICAL RELEASE \***

(Required For All Participants Under **21** Years of Age)

As the Parent or Legal Guardian of the participant named above, I hereby give my permission for the DeMolay Staff to enter the above named participant into a hospital of their choosing. They may also obtain medical attention or treatment by a physician, if in their opinion, the above named participant needs medical attention or treatment. I also realize that DeMolay members attending this event may be engaged in indoor and outdoor activities and other physical activities related to this event.

To the best of my knowledge, there is no reason why the above named participant should not be allowed to participate in the DeMolay activities.

I also agree, upon notification from the DeMolay Staff, to pick up the above named participant, if, in the opinion of the DeMolay Staff, it is necessary that he/she be removed from the site of this DeMolay event. In addition, I agree on behalf of the above named participant, that he/her room may be entered if it is deemed necessary by the DeMolay Staff.

In consideration of the DeMolay Staff accepting this registration, I shall indemnify and hold IOWA DeMolay, The International Supreme Council of the Order of DeMolay, all Affiliated Organizations and the DeMolay Staff harmless from and against any and all penalties, losses, costs, damages, suits, judgements, claims, demands, expenses and liabilities of any kind or nature whatsoever, arising directly or indirectly out of or in connection with the above named participant's attendance at this DeMolay event.

PARENT or LEGAL GUARDIAN  
(SIGNATURE) \_\_\_\_\_

DATE: \_\_\_\_\_

ADVISOR (SIGNATURE) \_\_\_\_\_

DATE: \_\_\_\_\_