

DEMOLAY IOWA CONCLAVE 2024
 July 12-14, 2024
 Camp Courageous, Monticello

DeMolay Chapter	
Advisor Name	
Advisor Phone	
Advisor Email	

DeMolay Section		First Name <small>PLEASE PRINT</small>	Last Name <small>PLEASE PRINT</small>	Age	Member	Candidate	Friday - Sunday	Saturday - Sunday	SMC Banquet	Sunday Breakfast	Medical Release Release
					CHOOSE CLASS		MARK BOX				YES/NO
Room	1				M	C	\$125	\$90	\$40	\$15	
	2				M	C	\$125	\$90	\$40	\$15	
	3				M	C	\$125	\$90	\$40	\$15	
	4				M	C	\$125	\$90	\$40	\$15	
Room	5				M	C	\$125	\$90	\$40	\$15	
	6				M	C	\$125	\$90	\$40	\$15	
	7				M	C	\$125	\$90	\$40	\$15	
Room	9				M	C	\$125	\$90	\$40	\$15	
	10				M	C	\$125	\$90	\$40	\$15	
	11				M	C	\$125	\$90	\$40	\$15	
	12				M	C	\$125	\$90	\$40	\$15	
Room	13				M	C	\$125	\$90	\$40	\$15	
	14				M	C	\$125	\$90	\$40	\$15	
	15				M	C	\$125	\$90	\$40	\$15	
	16				M	C	\$125	\$90	\$40	\$15	

Advisor & Guest Section		First Name <small>PLEASE PRINT</small>	Last Name <small>PLEASE PRINT</small>	Age	Advisor	Guest	Friday - Sunday	Saturday - Sunday	SMC Banquet	Sunday Breakfast	Medical Release Release
					CHOOSE CLASS		MARK BOX				YES/NO
Room	1				A	G	\$125	\$90	\$40	\$15	
	2				A	G	\$125	\$90	\$40	\$15	
Room	3				A	G	\$125	\$90	\$40	\$15	
	4				A	G	\$125	\$90	\$40	\$15	
Room	5				A	G	\$125	\$90	\$40	\$15	
	6				A	G	\$125	\$90	\$40	\$15	

Standard Registration Must be Postmarked by July 6, 2024

Make Checks Payable to "Iowa DeMolay"

**DEMOLAY IOWA
MEDICAL HISTORY AND RELEASE FORM**

Conclave 2024

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 Family Physician: _____ Company
_____ Address: _____ Medical Insurance
Policy City: _____ State ___ Zip _____ Number _____
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: _____

Day	Start Time	End Time	Event Name	Location	Dress Code	
Friday, July 12	8:00 AM	9:00 AM	Registration	Durgin Pavilion	Casual	
	9:00 AM	12:00 AM	OnSite Fun Events*		Casual	OnSite Fun Events
	12:00 PM	1:00 PM	Lunch	Durgin Pavilion	Casual	Bowling/Arcade
	1:00 PM	4:30 PM	OnSite Fun Events*		Casual	Burma Bridge
	4:30 PM	6:00 PM	Clean up	Cabin		Ropes Course - Team Building
	6:00 PM	7:00 PM	Dinner	Durgin Pavilion	Suit & Tie	Zipline
	7:00 PM	9:00 PM	Initiation	Pavilion	Suit & Tie	Mini Golf
	9:00 PM	9:30 PM	Business Meeting Election of State Officers	Durgin Pavilion	Suit & Tie	Trails
	9:30 PM	10:00 PM	Change Clothes	Cabin	Casual	Jungle Gym
	10:00 PM	11:00 PM	Free Time	Cabin	Casual	
	11:00 PM		Lights Out	Cabin	Casual	
Saturday, July 13	8:00 AM	9:00 AM	Breakfast	Durgin Pavilion	Casual	
	9:00 AM	11:00 AM	Camp Courageous Presentation IA Demolay Charity Program	Durgin Pavilion	Casual	
	11:00 AM	12:00 PM	2024-2026 Membership	Durgin Pavilion	Casual	
	12:00 PM	1:00 PM	Lunch	Durgin Pavilion	Casual	
	1:30 PM	4:30 PM	Youth vs. Advisor Softball Game Home Run Derby		Casual	
	4:30 PM	6:00 PM	Cool Down & Clean Up	Cabin		
	6:00 PM	8:00 PM	State Master Councilor's Banquet	Durgin Pavilion	Suit & Tie	
	8:00 PM	11:00 PM	Lounge Time - Games	Durgin Pavilion	Casual	
	11:00 AM		Lights Out	Cabin	Casual	
Sunday, July 14	8:00 AM	9:00 AM	Breakfast	Durgin Pavilion	Suit & Tie	
	9:00 AM	9:30 AM	Representative DeMolay Ceremony	Durgin Pavilion	Suit & Tie	
	9:30 AM	10:00 AM	Chevalier Investiture	Durgin Pavilion	Suit & Tie	
	10:00 AM	11:00 PM	Installation of State Officers	Durgin Pavilion	Suit & Tie	
	11:00 PM	UTC	Check Out & Travel Home		Casual	
Camp Courageous 12007 190th St. Monticello IA 52310 (319) 465-5916						
Dad Myers	Iowa DeMolay			563-468-1171		
Dad Wheeler	Altoona Chapter			515-229-3799		
Dad Allan	Cedar Rapids Chapter			319-654-5660		
Dad Delzell	James A. Guest Chapter UD			319-572-7651		
Dad Swallow	Black Hawk UD			319-230-0221		

What	Quantity	Remarks
Sleeping		
Pillow	1	
Pillow Case	1	
Blanket	1	
Sheet	1	
Pajamas/Sleep Clothes	1 set	Something to Sleep in that is NOT what you Wore that day or what you will ware the next day
Personal Hygiene		
Body wash or Soap	1	Not Negotiable! Used with Water EVERYDAY in the appropriate manner as intended
Shampoo	1	Same as Above
Toothpaste	1	Same as Above
Toothbrush	1	Same as Above
Comb/hair products	1	Same as Above
Razor and shaving cream	1	If you grow Facial Hair
DEODORANT	1	IT WILL BE USED AT LEAST ONCE A DAY
Flip Flops	1 Pair	
Towel	1	
Washcloth	1	
Underwear	4 to 5	
White Undershirt	2	
Casual Socks	2	
Dress Clothes		
Suit Jacket	1	
Suit Pants	1	
Dress shoes	1	
Dress Belt	1	
Dress Socks	2	
Tie	1 or 2	
Recreation Clothes		
Shirts	2 to 3	
Shorts/Pants	2 to 3	
Recreational shoes	1	
Swim Trunks	1	
Beach Towel	1	
Baseball Glove	1	
Cleats	1	
Misc.		
Medications	As Prescribed	Advisory Council will be made aware
Chargers/portable	1	
DeMolay Ritual Book	1	
Collar (State Officers)	1	
Name tag (State Officers)	1	