

Day	Start Time	End Time	Event Name	Location	Dress Code
Friday, July 18	8:00 AM	9:00 AM	Registration	Durgin Pavilion	Casual
	9:00 AM	11:00 AM	ZipLine / Mini Golf & Ropes Course	Camp Grounds	Casual
	12:00 PM	1:00 PM	Lunch / Travel	Durgin Pavilion	Casual
	12:30 PM	4:30 PM	Yogi Bear's Jellystone	Resort	Casual w/ Towel and Swim Attire
	4:30 PM	6:00 PM	Travel / Clean up	Cabin	
	6:00 PM	7:00 PM	Dinner	Durgin Pavilion	Suit & Tie
	7:00 PM	9:00 PM	Initiation	Pavilion	Suit & Tie
	9:00 PM	9:30 PM	Business Meeting Election of State Officers	Durgin Pavilion	Suit & Tie
	9:30 PM	10:00 PM	Change Clothes		
	10:00 PM	11:00 PM	Fire Pits (4th Meal & Team Building Event)	Camp Grounds	Casual
	11:00 PM		Lights Out	Cabin	Casual
Saturday, July 19	8:00 AM	9:00 AM	Breakfast	Durgin Pavilion	Casual
	9:00 AM	11:30 AM	Fishing	Pond Behind Durgin Pavilion	Casual
	11:30 AM	12:00 PM	2025-2026 Membership Program	Durgin Pavilion	Casual
	12:00 PM	1:00 PM	Lunch	Durgin Pavilion	Casual
	1:00 PM	4:30 PM	Four Team Hockey Tournament	Sports Complex	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	Lower Durgin Pavilion	Casual
	11:00 AM		Lights Out	Cabin	Casual
Sunday, July 20	8:30 AM	9:30 AM	Check out of Cabins/ Breakfast	Cabins/ Durgin Pavilion	Suit & Tie
	9:30 AM	10:00 AM	Representative DeMolay Ceremony	Durgin Pavilion	Suit & Tie
	10:00 AM	11:00 PM	Installation of State Officers	Durgin Pavilion	Suit & Tie
	11:00 PM	UTC	Travel Home		Casual
Camp Courageous 12007 190th St. Monticello IA 52310 (319) 465-5916					
Yogi Bear's Jellystone Resort 22128 IA-38, Monticello, IA 52310 (319) 465-4665					
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
<b>Sleeping</b>		
Pillow	1	
Pillow Case	1	
Blanket	1	
Sheet	1	
Pajamas/Sleep Clothes	1 set	Something to Sleep in that is <b>NOT</b> what you Wore that day or what you will wear the next day
<b>Personal Hygiene</b>		
		Not Negotiable! Used with Water EVERYDAY in the appropriate manner as intended
Body wash or Soap	1	
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
<b>DEODORANT</b>	1	<b>IT WILL BE USED AT LEAST ONCE A DAY</b>
Flip Flops	1 Pair	For Shower & Water Park
Towel	1	
Washcloth	1	
Underwear	4 to 5	
White Undershirt	2	
Casual Socks	2	
<b>Dress Clothes</b>		
Suit Jacket	1	
Suit Pants	1	
Dress shoes	1	
Dress Belt	1	
Dress Socks	2	
Tie	1 or 2	
<b>Recreation Clothes</b>		
Shirts	2 to 3	
Shorts/Pants	2 to 3	
Recreational shoes	1	
Swim Trunks	1	
Beach Towel	1	
<b>Misc.</b>		
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	

<b>Conclave 2025 18-20 July 2025</b>				DeMolay Chapter									
				Advisor Name									
				Advisor Phone									
				Advisor Email									
		First Name	Last Name	Age	Member	Candidate	Advisor	Guest	Fri-Sun	Sat-Sun	SMC Banquet	Sunday Brunch	Medical Release
		PLEASE PRINT	PLEASE PRINT		CHOOSE CLASS								YES/NO
					M	C		G	\$125	\$90	\$40	\$15	
					M	C		G	\$125	\$90	\$40	\$15	
					M	C		G	\$125	\$90	\$40	\$15	
					M	C		G	\$125	\$90	\$40	\$15	
					M	C		G	\$125	\$90	\$40	\$15	
					M	C		G	\$125	\$90	\$40	\$15	
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					M	C		A	\$125	\$90	\$40	\$15	
					M	C		A	\$125	\$90	\$40	\$15	

**DEMOLAY IOWA  
MEDICAL HISTORY AND RELEASE FORM**

**\*Conclave 2025\***

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: \_\_\_\_\_