

Grand Masters Class 2024
Honoring Most Worshipful Brother Darrell G. Fremont

Start	End	Event	Location	Dress
8:30 AM	10:00 AM	Registration	DeMolay Office	
9:00 AM	10:00 AM	Iowa DeMolay Foundation Board Meeting	DSR 33° Room	Coat & Tie
9:00 AM	10:00 AM	Candidate Orientation, Set up & Rehearsal	Auditorium	Coat & Tie
10:00 AM	12:00 PM	Induction Ceremonies & Foundation Scholarship Anouncement	Auditorium	Coat & Tie
12:00 PM	1:00 PM	Lunch & Membership Program Unveiling	Banquet Room	Coat & Tie
1:00 PM	3:00 PM	Education	"TBD"	Coat & Tie
3:00 PM	3:30 PM	Change and Travel to Rez Blue		
3:30 PM	5:30 PM	Fun @ Rez Blue		Casual/Recreational

Rez Blue: 2323 Grand Avenue Ste. 400 Des Moines, IA 50312

Des Moines Scottish Rite: 519 Park St, Des Moines, IA 50309

Dad Myers (Event Lead) 563-468-1171

Dad Swallow (BlackHawk) 319-230-0221

Dad Delzel (James A Guest) 319-572-7651

Dad Freel (Altoona) 515-771-9687

Dad Todd (Cedar Rapids) 319-329-4325

**GMC 2024
13 April 2024**

DeMolay Chapter	
Advisor Name	
Advisor Phone	
Advisor Email	

		First Name	Last Name	Age	Member	Candidate	Advisor	Guest	Event Cost	Medical Release
		PLEASE PRINT	PLEASE PRINT		CHOOSE CLASS					YES/NO
Room 1	1				M	C		G	\$50	
	2				M	C		G	\$50	
	3				M	C		G	\$50	
	4				M	C		G	\$50	
Room 2	1				M	C		G	\$50	
	2				M	C		G	\$50	
	3				M	C		G	\$50	
	4				M	C		G	\$50	
Room 3	1				M	C		G	\$50	
	2				M	C		G	\$50	
	3				M	C		G	\$50	
	4				M	C		G	\$50	
Room 4	1				M	C		G	\$50	
	2				M	C		G	\$50	
	3				M	C		G	\$50	
	4				M	C		G	\$50	
Rm 1	1						A	G	\$50	
	2						A	G	\$50	
Rm 2	1						A	G	\$50	
	2						A	G	\$50	
Rm 3	1						A	G	\$50	
	2						A	G	\$50	

Standard Registration Must be EMAILED by 25 March 2024 to myersrobertliii@gmail.com

Make Checks Payable to "Iowa DeMolay" and bring to the Event Registration the Morning of 13 April 08:30

or mail to: Iowa DeMolay 519 Park St, Des Moines, IA 50309

**IOWA DEMOLAY
MEDICAL HISTORY AND RELEASE FORM**

Grand Masters Class 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: _____