

APPLICANT

Southern California Jurisdiction, Order of DeMolay
CONCLAVE APPLICATION
Sunday Day only

PLEASE PRINT CAREFULLY

Name: _____
(One participant per form)

Refund Policies

All requests for refunds must be made in writing and addressed to the "So. California Conclave Committee". Refunds will be made upon all cancellations for a specifically stated cause, provided that the written request is received 10 days prior to conclave. No refunds will be made to anyone after August 25th without the expressed consent of the Executive Officer.

NOTICE TO ADVISORS AND CHAPERONES

It is most important that both the registrant and the parent/guardian understand these rules and conditions set forth herein. **This is your responsibility!!!**

You are responsible for discussing the rules set forth on this form with the Conclave registrant. You are responsible for the conduct of the registrant during the Conclave.

Special Note to Chaperones:
You may only sign for a maximum of fifteen (15)young ladies.
NO EXCEPTIONS WILL BE ALLOWED.

Name of Advisor or Chaperone (PLEASE PRINT)

You must be registered and in attendance during the **entire time** that this participant is attending Conclave. You are responsible for the conduct of the registrant during the Conclave. The Youth will not be registered until you register. You are responsible for the youth in your charge.

Signature of Advisor/Chaperone

Special Conclave Rules

Fireworks, Firecrackers, or explosives of any kind are illegal and will not be permitted. Violators will be sent home.

Possession of alcoholic beverages and/or drugs (other than specified on the Medical Release Form) is a violation of DeMolay law and will not be tolerated. Any violators of this rule will be **SUSPENDED** immediately from DeMolay and sent home.

There will be NO SMOKING in the Hotel. If you are of legal age (18 or over), facilities will be identified in the parking areas for your use.

Once a Day-Only Participant leaves the conclave site, he/she will not be allowed to return that day.

Any violation of the aforementioned "Special Conclave Rules" may result in the forfeiture of all fees paid, notification of the parent/guardian by telephone, and sending the registrant home from Conclave by the advisor in charge of Conclave Services. The registrant's Advisory Council will be notified, in writing, for their review and action set forth by the International Supreme Council Statutes.

All registrants must complete both sides of this form, obtain all of the necessary signatures, and return it by August 20, 2007 (accompanied by payment) to SCJ DeMolay, 303 W. Lincoln Ave. Ste. 200, Anaheim, CA 92805.

Deadline means: Received prior to dates listed on this form.
Not postmarked by the deadline!!!

All female registrants under the age of 21 must have a full-time adult female chaperone in attendance at Conclave. (See special note to Advisors/Chaperones) All active DeMolays must have an advisor in attendance at Conclave.

_____ Sunday all Day (8:30am – End of Dance)
_____ Banquet only (includes Dance)

*I have read the "Special Conclave Rules" and agree to abide by them at all times while I am attending the DeMolay Conclave.

*I understand that all activities are at the ballrooms and that I will not be allowed in any Hotel room for any reason

*I will leave the premises at the appropriate time. (This includes all parking lots and common areas.)

*I understand that if I do not follow these rules I may be asked to leave the premises immediately and will not be allowed to return.

*Only full time registrants are eligible to be delegates

Date: _____
Signature of Applicant

I, as the parent/guardian of this minor registrant or adult registrant of this Conclave, agree to accept full financial responsibility for any property damage determined to be caused by the minor (for which I am parent/guardian) or myself at the Conclave.

If the applicant in not driving to conclave, I agree to make sure he/she is picked up at the appropriate time

Date: _____
Signature of Parent/Guardian or Adult Applicant



MEDICAL RELEASE SECTION
(Required of ALL Conclave Applicants)

PLEASE PRINT CAREFULLY

Last Name: _____

First Name: _____

Address: _____

City: _____ Zip _____

Phone: () _____

Chapter : _____

Parent/Guardian/Person to notify in an emergency:

Phone: () _____

Health Plan Name and
Number: _____

Family Doctor: _____

Phone: () _____

List allergies or special health problems:

List any special medicine now taking:

I hereby give my authority to the Executive Officer, his representative or any other Advisor of the Order of DeMolay to consent on my behalf to whatever emergency, surgical, medical, or dental care deemed necessary for the above named minor/adult.

Print Name of Parent or Guardian

**Signature of Parent, Guardian,
or Adult Registrant (21 or over)**

ALL Job's Daughters and Rainbow Girls are required to have a Chaperone INCLUDING GRAND OFFICERS OVER 21.

FEES

All form due by August 20, 2008

Sunday All Day \$60.00
Banquet Only \$40.00

A limited number of Sunday activity tickets will available at the door, but advanced purchase is strongly encouraged

Fees must be included will form \$ _____

All checks must be made payable to "Southern California DeMolay". A \$25.00 service fee will be assessed on any check returned by the bank for any reason.

SCJ DeMolay Conclave 2008

August 29, 2008 to September 1, 2008
Warner Center Marriott
21850 Oxnard Street
Woodland Hills, CA 91367
(818) 887-4800

Hotel Parking is \$6.00 for the day!



Office Use Only:

Incoming Date: _____

Amount Paid: _____

Payer: _____

Address: _____

City: _____ Zip: _____

Phone: () _____

Check #: _____ Bank# _____

**APPLICANT INFORMATION SECTION
PLEASE PRINT CAREFULLY**

District: _____

Chapter/District Position: _____

Classification (Please circle one):

Male Female
(Please Circle one):
DeMolay Senior DeMolay Advisor
Chaperone Out of State Job's Daughter
Rainbow Girl Other

Age of Applicant: _____

CHAPTER ADVISOR'S APPROVAL
