

**FLORIDA DEMOLAY**  
**GENERAL CONCLAVE INFORMATION**

Enclosed in this packet are the necessary forms for Conclave, Ritual, Sports and Sweetheart Registration. Please look over all information and retain these forms for future use. Also included are general information sheets that you may find useful in planning for your Chapter's attendance at Conclave. If, for any reason, you do not receive all of the necessary forms or need additional forms, please do not hesitate to contact the Conclave Director or a member of Executive Staff for additional forms.

Forms included:

1. General Conclave Information Sheet
2. Conclave Registration Form
3. Ritual Registration Form
4. Sports Registration Form (Regular & Junior Divisions)
5. Conclave Packing & Check List
6. Conclave Information and Price Sheet
7. Medical Release Form
8. Medication Usage Form
9. General Conclave Rules, Dress, & Regulations
10. Chapter Conduct Advisor Registration
11. Sweetheart Forms
12. ***Tentative Conclave Schedule***
13. Certification of Election Form

Please complete and return the enclosed forms for the events that you will be participating in. Be sure to return the forms to the person that the form designates. All forms should also include the fees by a Chapter check and the forms should be signed by the Advisor in Charge. Advisors be sure to have Medical Release Forms for all members and Sweethearts. This year we require a copy to be left in the Conclave Office.

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All checks should be made payable to Florida DeMolay. There will be NO CHARGE for Ritual Registration this Conclave.

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It is our sincere desire to provide the most complete and efficient system for registration and operation of the State Association's Conclaves and we will always do our best to handle your needs in an efficient and expedient manner. Thank you for your support and we look forward to seeing you at Conclave.

Ian Berry  
State Master Councilor

Roger S. Seigel  
Conclave Director

## **FLORIDA DeMOLAY CONCLAVE INFORMATION AND PRICE SHEET**

The 2007 Conclave will be held July 8 -11, 2007, at the Best Western Gateway Grand, 4200 NW 97<sup>th</sup> Boulevard, Gainesville, FL, 32606 (352) 331-3336.

PLEASE READ ALL INSTRUCTIONS BEFORE FILLING OUT THE FORMS

By now all Chapters should have received all information that is necessary to enter all phases of competition at Conclave. If you need any additional forms please feel free to duplicate them as needed.

The following registration fees include 4 nights, and 3 Dinners. There is also a package for those who wish to only attend Wednesday night.

FULL STAY (4 Nights and 3 meals)	Wednesday Night and Grand Banquet Only
1 to a room.....\$408.00	1 to a room.....\$104.00
2 to a room.....\$243.00	2 to a room.....\$ 79.00
3 to a room.....\$177.00	3 to a room.....\$ 61.00
4 to a room.....\$177.00	4 to a room.....\$ 61.00
COMPETITION ONLY FEE \$25.00	BANQUET TICKETS \$25.00
FEMALES (REGISTRATION ONLY) \$10.00	
<b>(Rates quoted are per person)</b>	

If you have members who are participating in a specific activity, such as sports or ritual competition, and are not staying for the entire Conclave, they may be registered under the competition only category and pay only that fee. They **may not stay at another hotel or with a friend**; they may only attend the activity they have registered for on that day only and then leave the area.

The Conclave Director will help in finding roommates for any members or advisors. If you do not have enough members to fill a room, contact other Chapters in your area or your Area Director for assistance.

An Advisor and DeMolay sharing a room is "**STRICTLY PROHIBITED**" and will not be allowed, unless by special dispensation from the Executive Officer.

There must be one Advisor from each Chapter for every 10 DeMolay's and one approved Chaperon for every two Sweethearts registered. Chaperon need not room with the Sweetheart during Conclave. Other Female Guests under the age of 21 must have one Chaperon per 3 Female guests and need not be registered in the same room. All Chaperons must have the approval of your Advisory Council and the Director of Ladies Activities.

Registration Deadline (postmarked) is June 20, 2007, for all of your Conclave Registration forms. Please return the completed forms along with a Chapter Check (no personal checks) for the full amount and the top copy (bring the yellow copy with you to Conclave) to:

DIRECTOR OF CONCLAVE  
510 Londonderry Cir SE  
Palm Bay, FL 32909  
[rseigel2@earthlink.net](mailto:rseigel2@earthlink.net)

ANY QUESTIONS CALL:  
(321) 728-0005, Home  
(913) 488-9929, Cell

**All Registrations MUST be postmarked by June 20, 2007**

**Florida DeMolay**

Date \_\_\_\_\_ Chapter \_\_\_\_\_ Zone \_\_\_\_\_

To Whom It May Concern:

This is to advise you that the bearer of this Medical Release Form has my power of attorney to act in my stay to secure any medical treatment needed by my son/daughter/ward while he/she is at any DeMolay function. Said power of attorney is being given with my full faith and confidence and shall remain in effect as long as my son/daughter/ward is in DeMolay.

Parents/Guardians Name: \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Our family Physician is: \_\_\_\_\_

His/her Telephone number is: (\_\_\_\_) \_\_\_\_\_

Hospitalization insurance coverage for my son/daughter/ward is provided by: \_\_\_\_\_

The Policy carrier is: \_\_\_\_\_

Policy Number is: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

\_\_\_\_\_

This form should be notarized and returned to the Chapter Dad prior to leaving on any DeMolay activity that has been authorized by the Advisory Council. It will be furnished to the Advisor-In-Charge prior to the approved function. It is understood that by signing this form that the parent/guardian is responsible for securing and returning a new form should there be any changes in the status of the items above. This form is valid for all the years my son/daughter/ward is active in DeMolay.

Signed: \_\_\_\_\_  
(Parent's/Guardian's Signature)

Name of Son/Daughter/Ward: \_\_\_\_\_

Sworn to and subscribed before me, this  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,AD

NOTARY

\_\_\_\_\_  
(Notary Public)

SEAL

\_\_\_\_\_  
(Expiration Date)

# Certification of Election Form

(To be mailed within 24 hours following Election)

Chapter: \_\_\_\_\_ Date of Election: \_\_\_\_\_

Please complete all information on this form. Use full first, last names and middle initials. When completed mail this form to: Florida DeMolay, 3235 Garden St., Suite B #305, Titusville, FL 32796.

The following DeMolays have been elected to serve this Chapter for the next term of office from \_\_\_\_\_ to \_\_\_\_\_.

**Master Councilor**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

**Senior Councilor**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

**Junior Councilor**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

**Scribe**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

**Chairman**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

**Chapter Dad**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

**Chapter Information**

Meeting  
Place \_\_\_\_\_  
Chapter  
Meeting Nights \_\_\_\_\_  
Meeting  
Address \_\_\_\_\_  
City  
& Zip \_\_\_\_\_

**Installation Information**

Date  
& Time \_\_\_\_\_  
Location \_\_\_\_\_  
Meeting Time \_\_\_\_\_  
# of Current Members \_\_\_\_\_

# of Current Active Advisors \_\_\_\_\_

## **Florida DeMolay General Conclave Rules, Dress, & Regulations**

One of the best, most pleasant events of the DeMolay year are our Conclaves. Everyone will have a much more enjoyable time if we all obey a few ground rules.

Our Statutes prohibit behavior likely to bring disrespect upon the ORDER OF DeMOLAY and conduct unbecoming that expected of a member of our Order. Additionally, the laws of the host city, the State of Florida and the United States, are to be obeyed at all times by everyone attending Conclave.

The following general rules are for the protection of everyone at Conclave.

1. Our Statutes prohibit possession, use or consumption by DeMolays at Conclave of beer, liquor, or controlled substances, including but not limited to cannabis, hallucinogens, or other substances defined as "Controlled" by Florida law.
2. NO TOBACCO PRODUCTS. The use of any tobacco products, cigars, cigarettes, snuff, or chewing tobacco, will not be allowed by any DeMolay during Conclave or at any sanctioned DeMolay function.
3. For your own protection and the protection of others, possession of firearms, fireworks, or other explosives, switchblade knives and other like item or materials are prohibited.
4. No DeMolays are allowed on the floor where Sweethearts are housed.
5. Dress for the evening meals will be shirt and tie. Coats will be optional.
6. Shirt and tie are required for all Delegate Sessions and the General Opening. Dress for the Banquet is formal or semi-formal.
7. Swimming suits are not allowed in the Hotel Lobby. .
8. No Sweethearts or female guests are allowed on the floor where DeMolays are housed.
9. Any damage to the hotel room will be billed to the persons registered in the room.
10. Room occupants are responsible for all incidental charges such as telephone calls out of the hotel, special TV charges, etc and will be paid at the time of checkout from the hotel. Credit card required by hotel at check-in
11. Anyone observing a breach of these rules shall immediately report the activity to the Conduct Room.
12. All individuals registered at Conclave, **MUST** be registered with the Chapter in their area. If you are registering with another Chapter, it **WILL** require the approval of the Chapter that you are registering with **AND** the Chapter that is closest to you.

In the event that the Conduct Committee determines that a breach of these rules has occurred in any area at Conclave, all persons involved will be subject to being immediately sent home. Provided, that if the event is an isolated occurrence and no actual or constructive knowledge of the breach of infraction can be attributed to all persons in the area, only those involved in the event will be sent home. If a person(s) are sent home, his/her parents are responsible for all transportation charges and will be immediately advised of the reason for the individual's expulsion from Conclave. No refund will be made to those persons sent home.

Roger S. Seigel  
Conclave Director

# **CONCLAVE PACKING & CHECKLIST**

**In the past, there have been problems with some individuals attending our Conclaves for the first time not being properly prepared. This list is enclosed in your Chapter's packets and should serve as a guide in assisting your DeMolays to prepare for their stay at Conclave. Please make copies and distribute among your DeMolays going to Conclave.**

1. **Medical Release Form "signed and notarized"**
2. **Toothbrush and Toothpaste**
3. **Deodorant and Shaving Gear**
4. **Swimming Suits**
5. **"T" Shirts and Shorts**
6. **Sneakers**
7. **Extra Underwear**
8. **Dress Shirts and Neck Ties  
(REQUIRED for evening meals AND Delegate Sessions)**
9. **Dress slacks and dress shoes**
10. **Sport Coat and/or suit  
(REQUIRED FOR Banquet, optional for evening meals)**
11. **Sports and Dress socks**
12. **Note Pad, Pen and Pencil**
13. **Extra Spending Money  
(enough for snacks, lunches and souvenirs)**
14. **Proficiency Card  
(REQUIRED to compete in Ritual and Sports competitions) – not required  
for those Initiated at Conclave**



**DeMOLAY SUMMER CONCLAVE**

**\*\*\*\* 2007 \*\*\*\***

**OLD SOUTH TOURNAMENT  
RITUAL REGISTRATION FORM  
(Please type or print neatly)**

Chapter \_\_\_\_\_ City \_\_\_\_\_

COMPETITION ENTERED

CAPTAIN

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Advisor In Charge: (Name of Advisor attending Conclave)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Mail Entry Form to:  
Director of Ritual  
510 Londonderry Cir SE  
Palm Bay, FL 32909

The following Old South Tournament Evaluators from our Chapter will be attending Conclave and will be available to evaluate the Ritual Competition:

_____	_____
_____	_____
_____	_____

**All Entry Forms MUST be postmarked by June 20, 2007**

DeMOLAY SUMMER CONCLAVE

\*\*\*\* 2007 \*\*\*\*

SPORTS COMPETITION REGISTRATION FORM

Chapter: \_\_\_\_\_ City: \_\_\_\_\_

Area: \_\_\_\_\_

List the number of competitors in the blank for each competition. After which enter the amount of the event and extend the total. Sports fees are not refundable if a no show occurs for that competition.

EVENT: # ENTERED/ENTRY FEE/TOTAL FEE CONTESTANTS NAME
(Per Person or team) (Use reverse side for additional names)

Track and Field:

Shot Put \_\_\_\_\_ x \$ 6.00 = \_\_\_\_\_
Discus \_\_\_\_\_ x \$ 6.00 = \_\_\_\_\_
Long Jump \_\_\_\_\_ x \$ 6.00 = \_\_\_\_\_
100 Yard Dash \_\_\_\_\_ x \$ 6.00 = \_\_\_\_\_
220 Yard Dash \_\_\_\_\_ x \$ 6.00 = \_\_\_\_\_
440 Yard Dash \_\_\_\_\_ x \$ 6.00 = \_\_\_\_\_
880 Yard Dash \_\_\_\_\_ x \$ 6.00 = \_\_\_\_\_
One Mile Run \_\_\_\_\_ x \$ 6.00 = \_\_\_\_\_
440 Yard Relay \_\_\_\_\_ x \$12.00 = \_\_\_\_\_
One Mile Relay \_\_\_\_\_ x \$12.00 = \_\_\_\_\_

Swimming:

50m Freestyle \_\_\_\_\_ x \$ 6.00 = \_\_\_\_\_
50m Breastroke \_\_\_\_\_ x \$ 6.00 = \_\_\_\_\_
50m Backstroke \_\_\_\_\_ x \$ 6.00 = \_\_\_\_\_
50m Butterfly \_\_\_\_\_ x \$ 6.00 = \_\_\_\_\_
Eight Ball Pool \_\_\_\_\_ x \$ 6.00 = \_\_\_\_\_
Tennis: Singles \_\_\_\_\_ x \$ 6.00 = \_\_\_\_\_
Doubles \_\_\_\_\_ x \$10.00 = \_\_\_\_\_
Volleyball (Team Entry) \_\_\_\_\_ x \$32.00 = \_\_\_\_\_
2 Man Volleyball \_\_\_\_\_ x \$16.00 = \_\_\_\_\_
Softball (Team Entry) \_\_\_\_\_ x \$32.00 = \_\_\_\_\_

Total Monies Submitted: \$ \_\_\_\_\_

Make Checks payable to: Florida DeMolay.

Mail Entry Form and Check to:
Director of Sports
510 Londonderry Cir SE
Palm Bay, FL 32909

All Entry Forms and Checks MUST be postmarked by June 20, 2007

**DeMOLAY SUMMER CONCLAVE**

**\*\*\*\* 2007 \*\*\*\***

**SPORTS COMPETITION REGISTRATION FORM**

**SPECIAL JUNIOR'S DIVISION INDIVIDUAL COMPETITION  
AGES 12 - 15 ONLY**

Chapter: \_\_\_\_\_ City: \_\_\_\_\_

Please list the number of competitors in the blank for the competition listed. After which enter the amount of the event and extend the total. Sports fees are not refundable if a no show occurs for that competition. This form is for Junior's Division only.

<u>EVENT</u>	<u># ENTERED/ENTRY FEE/TOTAL FEE</u> (Per Person or team)	<u>CONTESTANTS NAME</u> (Use reverse side for additional names)
Track and Field:		
Shot Put	_____ x \$ 6.00 = _____	_____
Discus	_____ x \$ 6.00 = _____	_____
Long Jump	_____ x \$ 6.00 = _____	_____
100 Yard Dash	_____ x \$ 6.00 = _____	_____
220 Yard Dash	_____ x \$ 6.00 = _____	_____
440 Yard Dash	_____ x \$ 6.00 = _____	_____
880 Yard Dash	_____ x \$ 6.00 = _____	_____
One Mile Run	_____ x \$ 6.00 = _____	_____

Total Monies Submitted: \$ \_\_\_\_\_

Make Checks Payable to: Florida DeMolay

Mail Entry Form and check to:  
Director of Sports  
510 Londonderry Cir SE  
Palm Bay, FL 32909

**All Entry Forms and Checks MUST be postmarked by June 20, 2007**

## CONDUCT COMMITTEE INFORMATION

Please take note that this form **must** be completed and returned with the Conclave Registration Form indicating which Advisor from your Chapter will serve as a member of the Conduct Committee. Any registration form that is received without this information will be returned to you by the Conclave Director. This information is **REQUIRED** to be completed by every Chapter attending Conclave.

CHAPTER \_\_\_\_\_ CITY \_\_\_\_\_

The following Advisor(s) will be our Chapter's representative on the Conduct Committee and agrees to work with the Director and Assistant Director of Conduct at Summer Conclave-2007 in Gainesville, FL.

\_\_\_\_\_  
(Name)

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We ask that you please provide us the name of a DeMolay from your Chapter who will be attending Conclave, who is over the age of 17, and whom you think is mature enough to work with the Conduct Committee. This information is voluntary, but we would like to have several DeMolays recommended from throughout the state.

CHAPTER \_\_\_\_\_ CITY \_\_\_\_\_

The following DeMolay is being recommended by our Chapter to work with the Conduct Committee at Summer Conclave-2007.

\_\_\_\_\_  
(Name)

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### PLEASE TAKE NOTE OF THE FOLLOWING

There will be a cancellation fee of **\$16.00** for any person who is registered to attend Conclave and does not show **and** no one else takes their place. The reason for this fee is due to the fact that prior to our arrival at the hotel, we have already given the hotel a guaranteed number of persons for our meal functions and we will be charged for those meals.

**FLORIDA DeMOLAY  
MEDICATION USAGE/DOSAGE FORM**

**NAME** \_\_\_\_\_

**DATE** \_\_\_\_\_

**NAME OF PRESCRIPTIVE MEDICATION** \_\_\_\_\_

**HOW PROVIDED: LIQUID** \_\_\_\_ **TABLET** \_\_\_\_ **CAPSULE** \_\_\_\_ **POWDER** \_\_\_\_ **OTHER** \_\_\_\_\_

**COLOR OF MEDICATION** \_\_\_\_\_ **SHAPE** \_\_\_\_\_

**STRENGTH OF MEDICATION** \_\_\_\_\_

**PURPOSE OF MEDICATION** \_\_\_\_\_

**DO YOU HAVE ANY  
ALLERGIES** \_\_\_\_\_

**DATE MEDICATION STARTED** \_\_\_\_\_

**PHONE NUMBER(S) OF PARENTS/GUARDIAN - HOME** \_\_\_\_\_

**WORK** \_\_\_\_\_

**DOSAGE INFORMATION:**

**DOSAGE** \_\_\_\_\_

**TIMES OF DOSAGE** \_\_\_\_\_

**DAYS OF DOSAGE** \_\_\_\_\_

**SELF MEDICATED** \_\_\_\_\_ **ADULT/ADVISOR TO PROVIDE** \_\_\_\_\_

**LOCATION OF MEDICATION WHILE AT CONCLAVE** \_\_\_\_\_

**NAME OF ADULT/ADVISOR APPROVED TO GIVE MEDICATION TO THE DeMOLAY,  
ADVISOR, OR FEMALE GUEST NAMED ABOVE:**

\_\_\_\_\_  
**PARENT/GUARDIAN  
SIGNATURE** \_\_\_\_\_

**PLEASE MAKE SURE THAT THE INFORMATION ON THIS FORM IS THE SAME AS THE  
INFORMATION ON THE MEDICATION BOTTLE LABEL.**

**This form should be filled out in it's entirety for each medication that a DeMolay, Female Guest, or  
Advisor may be taking.**

**(Please feel free to make as many copies of this form as are needed for your Chapter to attend Conclave.)**



