

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 the Executive Staff for additional forms.

Forms included:

1. General Conclave Information Sheet
2. Conclave Registration Form
3. Ritual Registration Form
4. Sports Registration Form
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 Registration
12. 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.

It should be noted that a separate check should be sent for Conclave and Sports Registrations as they are handled separately in preparing for Conclave.

It is our sincere desire to provide the most complete and efficient system for registration and operation of the Florida DeMolay 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.

Travis Parker
State Master Councilor

Roger Seigel
Conclave Director

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.
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.
13. DeMolay's allowed to drive to Conclaves **MUST** turn in the keys of their vehicles to their Advisor in charge upon arrival.

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 Seigel
Conclave Director

CONCLAVE PACKING & CHECK LIST

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 new members Initiated at Conclave)

FLORIDA DeMOLAY

CONCLAVE INFORMATION AND PRICE SHEET

The 2008 Mini-Conclave will be held Jan 19 -21, 2008, at The Surfside Hotel, 3209 S. Atlantic, Daytona Beach, FL, 32118, (800) 722-3297 or (386) 761-2050.

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.

All prices are per person.

FULL STAY (2 Nights and 3 Meals)	Sunday Night (1 Night and 2 Meals)
1 to a room.....\$215.00	1 to a room.....\$120.00
2 to a room.....\$135.00	2 to a room.....\$ 95.00
3 to a room.....\$110.00	3 to a room.....\$ 70.00
4 to a room.....\$110.00	4 to a room.....\$ 70.00
COMPETITION ONLY FEE \$25.00	AWARDS BREAKFAST TICKETS \$15.00
FEMALES (REGISTRATION ONLY) \$10.00	
Friday Room Only \$75.00	

Rainbow & Job's Daughter same rates as DeMolay

Any Chapter bringing 3 Candidates not previously reported on a Form 10 will have the Candidates registration fee waived along with 1 Active DeMolay – **that's 4 FREE!**

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 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 Jan. 12, 2008, 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:

ANY QUESTIONS CALL:

Roger Seigel
510 Londonderry Cir SE
Palm Bay, FL 32909
rseigel2@earthlink.net

(321) 728-0005, Home
(913) 488-9929, Cell

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 Mini-Conclave-2008.

(Name)

We ask that you please provide us the name of a DeMolay from your Chapter who will be attending Conclave, 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 Mini – Conclave 2008

(Name)

PLEASE TAKE NOTE OF THE FOLLOWING

There will be a cancellation fee of **\$25.00** 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.

DeMOLAY MINI-CONCLAVE 2008
OLD SOUTH TOURNAMENT
RITUAL REGISTRATION FORM
(Please type or print neatly)

Chapter _____ City _____

COMPETITION ENTERED

CAPTAIN

Fourth Section

Ritual Competitions Included

Competitor

Ceremony of Light

Flower Talk

Individual Preceptors

_____ #
_____ #
_____ #
_____ #

Magnificent Seven

Examination Queries

Advisor In Charge: (Name of Advisor attending Conclave)

Name: _____

Title: _____

Address: _____

City: _____ Zip: _____

Phone Number: (_____) _____

Mail Entry Form to:
Roger Seigel
510 Londonderry Cir SE
Palm Bay, FL 32909
Form must be postmarked by Jan. 12, 2008

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

Use another sheet for additional entries.

DeMOLAY MINI - CONCLAVE
****** 2008 ******
STATE SPORTS COMPETITION REGISTRATION FORM

Chapter: _____ City: _____

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 (Per Person or team)	CONTESTANTS NAME (Use reverse side for additional names)
Doubles Eight Ball Pool	_____ x \$ 6.00 = _____	_____
Basketball (Team Entry)	_____ x \$32.00 = _____	_____
Flag Football (Team Entry)	_____ x \$16.00 = _____	_____
Chess	_____ x \$ 3.00 = _____	_____
Total Monies Submitted:		\$ _____

Make Checks payable to: Florida DeMolay.

Mail Entry Form and check to:
 Roger Seigel
 510 Londonderry Cir SE
 Palm Bay, FL 32909

All Entry Forms and Checks MUST be postmarked by Jan. 12, 2008

Bowling Tournament – Bring Scorecards (certified by Chapter Advisor or his designate) to Conclave to enter competition.

Florida DeMolay Medical Release

Date _____ Chapter _____

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)

**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.)**

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: Charles M. Levan, 164 Nightingale Circle, Ellenton, FL 34222.

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 (____) _____

Junior Councilor

Name _____

Address _____

City/Zip _____

Phone (____) _____

Chairman

Name _____

Address _____

City/Zip _____

Phone (____) _____

Chapter Information

Meeting Place _____

Chapter Meeting Nights _____

Meeting Address _____

City & Zip _____

of Current Active Advisors _____

Senior Councilor

(____) _____

Scribe

(____) _____

Chapter Dad

(____) _____

Installation Information

Date & Time _____

Location _____

Meeting Time _____

of Current Members _____