

# FLORIDA DEMOLAY GENERAL CONCLAVE INFORMATION

## PLEASE READ

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 (**New Form**)
8. Medication Usage Form
9. General Conclave Rules, Dress, & Regulations
10. Chapter Conduct Advisor Registration
11. Sweetheart Registration
12. Certification of Election Form
13. Delegate Certification 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. **Please use the new Medical Release Form** for those who do not have a current form on file. All forms should also include the fees by a Chapter check and the forms should be signed by the Advisor in Charge.

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. Please make note of my new email address also. Thank you for your support and we look forward to seeing you at Conclave.

Anthony Pickren  
State Master Councilor

Roger Seigel  
Conclave Director  
rseigel2@gmail.com

**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.

I have read the above rules and regulations and agree to abide by them.

Advisor in Charge \_\_\_\_\_ Date \_\_\_\_\_

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
- \_\_\_\_\_ 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 2009 Summer Conclave will be held Jul 25 - 28, 2009, at The Paramount Plaza Hotel, 2900 SW 13<sup>th</sup> St., Gainesville, FL, 32608, (877) 992-9229 or (352) 377- 4000.

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 (4 Nights and 3 Meals)	Tuesday Night and Grand Banquet Only
1 to a room.....\$422.00	1 to a room.....\$115.00
2 to a room.....\$252.00	2 to a room.....\$ 80.00
3 to a room.....\$192.00	3 to a room.....\$ 70.00
4 to a room.....\$192.00	4 to a room.....\$ 70.00
COMPETITION ONLY FEE \$25.00	EXTRA BANQUET TICKETS \$25.00
GUESTS (REGISTRATION ONLY) \$10.00	
Friday - Room Only \$80.00	

Rainbow & Job's Daughter same rates as DeMolay

Any Chapter bringing 4 Candidates not previously reported on a Form 10  
will have one DeMolay registration fee waived!

**Candidate Registration Fees are half price.**

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 forms **must be received by Jul. 20, 2009**. Please return the completed forms (may be emailed) 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@gmail.com](mailto:rseigel2@gmail.com)

(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 Summer Conclave 2009.

\_\_\_\_\_  
(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, 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 2009

\_\_\_\_\_  
(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 SUMMER CONCLAVE 2009**  
**OLD SOUTH TOURNAMENT**  
**RITUAL REGISTRATION FORM**  
(Please type or print neatly)

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

COMPETITION ENTERED

CAPTAIN

Initiatory Degree \_\_\_\_\_

DeMolay Degree \_\_\_\_\_

Chapter Proficiency \_\_\_\_\_

Ritual Competitions Included

Competitor

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 July 20, 2009**

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 SUMMER CONCLAVE

\*\*\*\* 2009 \*\*\*\*

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 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 = \_\_\_\_\_

Eight Ball Singles \_\_\_\_\_ 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 = \_\_\_\_\_

Softball Teams must be pre-registered – no team registration allowed at check-in.

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 July 20, 2009

**DeMOLAY SUMMER CONCLAVE**  
**\*\*\*\* 2009 \*\*\*\***  
**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  
 Or email to:  
 rseigel2@gmail.com

**All Entry Forms and Checks MUST be postmarked by July 20, 2009**

**FLORIDA DeMOLAY MEDICAL RELEASE**  
**AND CONSENT FORM**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

I hereby promise to conduct myself in a responsible manner and abide by DeMolay rules and regulations; and to follow all 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 expense and no refunds will be given for any fees paid. In consideration of Florida DeMolay accepting this registration, I shall indemnify and hold harmless Florida DeMolay, DeMolay International and all Affiliated Organizations from and against any and all penalties, losses, costs, damages, suits, judgments, 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)

**CONSENT AND RELEASE**

I, the undersigned Parent or Legal Guardian of the above identified minor, do hereby give my consent and permission for him/her to participate in all activities and events conducted by Florida DeMolay, DeMolay International and all Affiliated Organizations. I agree to release and hold harmless Florida DeMolay, DeMolay International, all Affiliated Organization, and their members, advisors, and officers, from any and all claims or cause of actions, which the undersigned has or may have. In the event of injury or illness of the above named minor, I hereby authorize any adult advisor in attendance to secure, and any physician to provide, such emergency treatment as may be deemed necessary by those present including but not limited to hospitalization, injections, anesthesia, surgery, diagnostic radiology, blood transfusions and medications. I understand that reasonable efforts shall be made to contact me prior to medical treatment.

*Florida DeMolay should be aware that this minor has experienced problems with the following:*

<input type="checkbox"/> Appendicitis	<input type="checkbox"/> Ear Trouble	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Convulsions
<input type="checkbox"/> Epileptic Seizures	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Sinus Trouble	<input type="checkbox"/> Cramps in Water	<input type="checkbox"/> Fainting
<input type="checkbox"/> Hernia	<input type="checkbox"/> Throat Infection	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Allergies	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Other _____				

\_\_\_\_\_  
(Parent or Legal Guardian signature)

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

I may be reached at the following numbers.

HOME ( ) - \_\_\_\_\_ WORK ( ) - \_\_\_\_\_ OTHER ( ) - \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION**

**Insurance Carrier:** \_\_\_\_\_ **Policy Holder:** \_\_\_\_\_

**Policy/Group Number:** \_\_\_\_\_

**For Emergency Authorization Contact:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**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: Florida DeMolay, 3235 Garden Street, 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  
Delegate Certification**

**The voting Delegates at Conclave will receive a different Name Tag so please fill out the following and return with your Registration.**

The following are Voting Delegates of \_\_\_\_\_ Chapter

Please Print

Name

Office

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\_\_\_\_\_  
Advisor in Charge

\_\_\_\_\_  
E-Mail

# Florida DeMolay Conclave Registration

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

In each block below register 1,2,3, or 4 people for each room. Designate the number of days and the class. CLASS DESIGNATIONS: **D**-DeMolay; **A**-Advisor; **C**- DeMolay Candidate

**S**-Sweetheart; **SC**-Sweetheart Chaperone; **G**-Guest (including Wives, mothers and all other Guests).

# OF NIGHTS	NAME	CLASS	YOUTH AGE

# OF NIGHTS	NAME	CLASS	YOUTH AGE

# OF NIGHTS	NAME	CLASS	YOUTH AGE

# OF NIGHTS	NAME	CLASS	YOUTH AGE

# OF NIGHTS	NAME	CLASS	YOUTH AGE

# OF NIGHTS	NAME	CLASS	YOUTH AGE

# OF NIGHTS	NAME	CLASS	YOUTH AGE

# OF NIGHTS	NAME	CLASS	YOUTH AGE

**REGISTRATION FOR COMPETITION ONLY:**

\_\_\_\_\_

\_\_\_\_\_

**FINANCIAL SECTION:**

Staying for full Conclave:

Number roomed	1	to a room	_____ x \$ _____ = \$ _____
Number roomed	2	to a room	_____ x \$ _____ = \$ _____
Number roomed	3	to a room	_____ x \$ _____ = \$ _____
Number roomed	4	to a room	_____ x \$ _____ = \$ _____

Staying for One Night:

Number roomed	1	to a room	_____ x \$ _____ = \$ _____
Number roomed	2	to a room	_____ x \$ _____ = \$ _____
Number roomed	3	to a room	_____ x \$ _____ = \$ _____
Number roomed	4	to a room	_____ x \$ _____ = \$ _____

Number registered for Competition Only \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Number for Extra banquet Tickets \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**TOTAL AMOUNT OF CHECK \$ \_\_\_\_\_**

MAKE CHAPTER CHECKS PAYABLE TO: **FLORIDA DeMOLAY**

Advisor in Charge \_\_\_\_\_ Phone or Email \_\_\_\_\_