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. Duties and Responsibilities of a Chapter Advisor
2. General Conclave Information Sheet
3. Conclave Information and Price Sheet
4. Conclave Registration Form
5. General Conclave Rules, Dress, & Regulations.
6. Conclave Packing & Check List
7. Medical Release Form
8. Medication Usage Form
9. Ritual Registration Form
10. Sports Registration Form (Rules also)
11. Chapter Conduct Advisor Registration
12. Please Read The Following
13. Sweetheart Packet
14. Certification of Election Form
15. 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 Medical Release Form for all attending Conclave. 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 email address also. Thank you for your support and we look forward to seeing you at Conclave.

Somosa Ramdeen
State Master Councilor

Athena Mock
Conclave Director
amock@fldemolay.com
407-923-7132
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. We have zero tolerance to a breach of these rules.

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.

14. All registrations must be made through Florida DeMolay – no direct reservations to the hotel will be allowed.

15. No skateboards, roller blades or roller skates will be allowed.

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________________
PLEASE READ THE FOLLOWING

(The following form **MUST** be signed by all of those from your Chapter who are attending Conclave. **There are no exceptions!!**)

"We agree that our Chapter Advisor has given us a set of the Florida DeMolay General Conclave Rules and Dress Code Regulations. We understand daily curfew times will be published in the Conclave program for our safety and we will honor them. We agree to abide by these rules and regulations while registered and attending any Conclave. This agreement includes temporary changes or additions, when announced, that may become necessary while at the Conclave site."

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Please return this form with your Conclave Registration forms or bring it to the Conclave Office when you arrive at The Plaza Resort and Spa
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
The 2020 Mini Conclave will be held Jan 18th-20th, 2020 at the
The Plaza Resort and Spa
600 N Atlantic Ave Daytona Beach Fl 32118

CONCLAVE INFORMATION AND PRICE SHEET

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, 2 Dinners,
Dinner and 1 Breakfasts,                     Sunday Night (1Night 2 Meals )
  1 to a room.....$350.00                   Dinner and Breakfast)
  2 to a room.....$221.00                   1 to a room.....$202.00
  3 to a room.....$168.00                   2 to a room.....$ 128.00
  4 to a room.....$157.00                   3 to a room.....$ 105.00

COMPETITION ONLY FEE $25.00                     EXTRABANQUET TICKETS $30.00

GUESTS (REGISTRATION ONLY) $10.00                     (REGISTRATION ONLY) $10.00
  Friday - Room Only $130.00                    Friday - Room Only $130.00
  Rainbow & Job's Daughter same rates as DeMolay

All registrations must be made through Florida DeMolay – Direct Reservations to the hotel will NOT be allowed.

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 and may not be a voting delegate; 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 Female Chaperon for every two Sweethearts registered. Chaperons may 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 Female Chaperons must have the approval of your Advisory Council and the Director of Ladies Activities.

Registration forms must be received by Dec 31st,2019
Packet may be Emailed or postmarked by Dec. 28nd,2019

Please return the completed forms along with a Chapter Check (no personal checks) for the full amount to:

Athena Mock
Conclave Director
205 Tangelo Ave
Fern Park, Fl. 32730
amock@flodemolay.com
407-923-7132

Florida DeMolay Conclave Registration
Chapter: ___________________________ City: ___________________________

In each block below register 1,2,3, or 4 people per room. Designate the number of days, title, class and age of youth. Designation are as follows: D: DeMolay, R: Delegate A: Advisor, C: Candidate, S: Sweetheart and G: Guest (includes wife’s, mothers and all other guests).

<table>
<thead>
<tr>
<th># OF NIGHTS</th>
<th>NAME</th>
<th>TITLE IF APPLICABLE</th>
<th>CLASS</th>
<th>YOUTH AGE</th>
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<th>TITLE IF APPLICABLE</th>
<th>CLASS</th>
<th>YOUTH AGE</th>
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<th>NAME</th>
<th>TITLE IF APPLICABLE</th>
<th>CLASS</th>
<th>YOUTH AGE</th>
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</table>

**PLEASE USE ADDITIONAL FORMS FOR REGISTRATION IF NEEDED**

CONDUCT COMMITTEE INFORMATION

FULL STAY: 2 Nights, 2 Dinners, 1 Breakfasts

<table>
<thead>
<tr>
<th>1 to a room:</th>
<th>_______</th>
<th>X</th>
<th>$350.00</th>
<th>_______</th>
</tr>
</thead>
</table>

ONE NIGHT: Sunday Night, 1 Dinner, 1 Breakfast

<table>
<thead>
<tr>
<th>1 to a room</th>
<th>_______</th>
<th>X</th>
<th>$202.00</th>
<th>_______</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>2 to a room:</th>
<th>_______</th>
<th>X</th>
<th>$221.00</th>
<th>_______</th>
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</table>

<table>
<thead>
<tr>
<th>2 to a room</th>
<th>_______</th>
<th>X</th>
<th>$128.00</th>
<th>_______</th>
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<thead>
<tr>
<th>3 to a room:</th>
<th>_______</th>
<th>X</th>
<th>$168.00</th>
<th>_______</th>
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</thead>
</table>

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<thead>
<tr>
<th>3 to a room</th>
<th>_______</th>
<th>X</th>
<th>$105.00</th>
<th>_______</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>4 to a room:</th>
<th>_______</th>
<th>X</th>
<th>$157.00</th>
<th>_______</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>4 to a room</th>
<th>_______</th>
<th>X</th>
<th>$95.00</th>
<th>_______</th>
</tr>
</thead>
</table>

Friday Night: _______ X $130.00 = _______

TOTAL: _______

EXTRA BANQUET TICKETS $30.00: _______

Name of Attendees: ___________________________

COMPETITION ONLY FEE $25.00: _______

Name of Attendees: ___________________________

TOTAL AMOUNT OF CHECK: ___________________________

CHECKS MADE PAYABLE TO: FLORIDA DEMOLAY

**PLEASE USE ADDITIONAL FORMS FOR REGISTRATION IF NEEDED**
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____________________________ C____ITY____________________________**

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 2020.

________________________________________
(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____________________________ C____ITY____________________________**

The following DeMolay is being recommended by our Chapter to work with the Conduct Committee at Mini Conclave 2020.

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

Chapter _________________________________ City ____________________________

**FEE’S ARE AS FOLLOWS:**

ALL TEAM COMPETITIONS $10.00 - ALL INDIVIDUAL COMPETITIONS $5.00

RITUAL FEES ARE NOT REFUNDABLE, IF A NO SHOW OCCURS FOR THAT COMPETITION.

Please note if you are interested in doing a Competition not listed it must be approved prior to Conclave.

<table>
<thead>
<tr>
<th>GROUP COMPETITION</th>
<th>CAPTAIN</th>
<th>FEE</th>
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<tbody>
<tr>
<td>Funeral/Memorial Service</td>
<td></td>
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<tr>
<td>DeMolay Degree 1st Section and Or 3rd Section Or may be dual part</td>
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<tr>
<td>RD Investiture ( 4 Man team only)</td>
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</tbody>
</table>

**Individual Ritual Competitions**

<table>
<thead>
<tr>
<th>COMPETITOR</th>
<th>#</th>
<th>FEE</th>
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<tbody>
<tr>
<td>Individual Preceptors</td>
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<tr>
<td>Master Inquisitor</td>
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<td>Senior Inquisitor</td>
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<tr>
<td>Junior Inquisitor</td>
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<tr>
<td>Jacques DeMolay</td>
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<tr>
<td>Geoffrey de Charney</td>
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<tr>
<td>Orator</td>
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<tr>
<td>Examination Queries</td>
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<tr>
<td>Flower Talk</td>
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<tr>
<td>Ceremony of Light</td>
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| Knight of Rose        |   |    |
| Fathers Talk          |   |    |

Total:_____

Mail Entry Form to:
Athena Mock
205 Tangelo Ave, Fern Park, FL 32730
Or email to: amock@fldemolay.com

DeMOLAY MINI CONCLAVE 2020
Champions Division
(DeMolay must have won first place at a prior conclave)
(Please type or print neatly)

Chapter _________________________________ City ____________________________

FEE’S ARE AS FOLLOWS:
ALL INDIVIDUAL COMPETITIONS $5.00
RITUAL FEES ARE NOT REFUNDABLE, IF A NO SHOW OCCURS FOR THAT COMPETITION.
Please note if you are interested in doing a Competition that is
not listed it must be approved prior to Conclave.

<table>
<thead>
<tr>
<th>Individual Ritual Competitions</th>
<th>COMPETITOR FEE</th>
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<tbody>
<tr>
<td>Individual Preceptors (Champion)</td>
<td>__________________ #_______</td>
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<tr>
<td>Master Inquisitor (Champion)</td>
<td>__________________</td>
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<td>Senior Inquisitor (Champion)</td>
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<tr>
<td>Junior Inquisitor (Champion)</td>
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<tr>
<td>Jacques DeMolay (Champion)</td>
<td>__________________</td>
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<td>Geoffrey de Charney (Champion)</td>
<td>__________________</td>
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<tr>
<td>Orator (Champion)</td>
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<td>Examination Queries</td>
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<tr>
<td>Flower Talk</td>
<td>__________________</td>
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<tr>
<td>Ceremony of Light</td>
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Total:________

Mail Entry Form to:
Athena Mock
205 Tangelo Ave, Fern Park, FL 32730
Or email to: amock@fldemolay.com
Form must be received by Dec 31st, 2019
DeMolay MINI CONCLAVE
***** 2020 *****
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.
* Scheduled Sports are tentative based on availability of Sporting venue *

<table>
<thead>
<tr>
<th>NUMBER OF COMPETITORS</th>
<th>NAMES/CHAPTER</th>
<th>FEE</th>
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<tr>
<td>Chess</td>
<td></td>
<td>x $5.00 = ________________</td>
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*Eight Ball Double _____ _____________________ x $15.00 = ________________

|                       |               |               |
|                       |               |               |
|                       |               |               |
|                       |               |               |
|                       |               |               |

Team Competitions
No team registration allowed at time of check-in.

Basketball 3 Man Team __________________________ x $20.00 = ________________

Total Monies Submitted: $_______________

Make Checks payable to: Florida DeMolay.
Mail Entry Form and Check to:
Athena Mock
205 Tangelo Ave, Fern Park, FL 32730
Or email to: amock@fldemolay.com

Form must be received by Dec 31st, 2019
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.

____________________________________________________________              _____________________________
(Participants 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:

___ Appendicitis    ___ Ear Trouble    ___ Frequent Colds    ___ Rheumatic Fever    ___ Convulsions
___ Epileptic Seizures ___ Heart Trouble ___ Sinus Trouble ___ Cramps in Water ___ Fainting
___ Hemia          ___ Throat Infection ___ Diabetes ___ Allergies ___ Fatigue
___ 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. Please bring completed form to Conclave and turn into the Conclave office.

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**

Name_______________________________
Address _____________________________
City/Zip _____________________________
Phone (____) ________________________

**Junior Councilor**

Name ______________________________
Address _____________________________
City/Zip _____________________________
Phone (____) ________________________

**Scribe**

Name ______________________________
Address _____________________________
City/Zip _____________________________
Phone (____) ________________________

**Chairman**

Name ______________________________
Address _____________________________
City/Zip _____________________________
Phone (____) ________________________

**Chapter Dad**

Name ______________________________
Address _____________________________
City/Zip _____________________________
Phone (____) ________________________

**Chapter Information**

Meeting Place ______________________
Chapter Meeting Nights _____________
Meeting Address ____________________
City & Zip __________________________

# of Current Members _____________

**Installation Information**

Date & Time ________________________
Location __________________________
Meeting Time______________________

# 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

<table>
<thead>
<tr>
<th>Name</th>
<th>Office</th>
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<tbody>
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Advisor in Charge __________________________ E-Mail __________________________
Sweetheart, Court, Ladies and Female Guest Registration
This form is for the State Sweetheart Committee and Director of Ladies activities to know what ladies are attending Mini Conclave.

Chapter:________________________________________________

<table>
<thead>
<tr>
<th>Chapter Sweetheart and Court</th>
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<tbody>
<tr>
<td>Title</td>
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<tr>
<th>Female Guest</th>
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<tbody>
<tr>
<td>Name</td>
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<tr>
<th>Female Chaperone</th>
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<tbody>
<tr>
<td>Name</td>
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</tbody>
</table>
**Chapter Sweetheart Program Information**

- Our Chapter has a Sweetheart Program.
- Our Chapter would like information on starting a chapter sweetheart program.

<table>
<thead>
<tr>
<th>Chapter:</th>
<th>______________________________________________________________</th>
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</thead>
<tbody>
<tr>
<td>Chapter Sweetheart:</td>
<td>______________________________________________________________</td>
</tr>
<tr>
<td>Email Address:</td>
<td>______________________________________________________________</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>______________________________________________________________</td>
</tr>
<tr>
<td>Date of Crowning:</td>
<td>______________________________________________________________</td>
</tr>
</tbody>
</table>

**Sweetheart Court (Name and Email Address):**

| ___________________________ |
| ___________________________ |
| ___________________________ |
| ___________________________ |

**Date of Court Crowning:**

_______________________________

**Female Supporters (Name and Email Address):**

| ___________________________ |
| ___________________________ |
| ___________________________ |
| ___________________________ |

Sweetheart/ Ladies Advisor (Name and Email Address) : ___________________________

| ___________________________ |
| ___________________________ |