



**FLORIDA DEMOLAY
GENERAL CONCLAVE INFORMATION**

PLEASE READ THE ENTIRE PACKET

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:

- General Conclave Information Sheet
- General Conclave Rules, Dress, & Regulations
- Conclave Information and Price Sheet
- Conclave Registration Form
- Delegate Certification Form
- Please Read the Following
- Conclave Packing & Check List
- Chapter Conduct Advisor Registration
- Ritual Registration Form
- Sports Registration Form (Rules also)
- Medical Release Form
- Medication Usage Form
- Certification of Election Form
- T-Shirt Order Form for Conclave Attendees
- Sweetheart and Female Guest Form
- State Sweetheart Application

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.

Alex Siew
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 _____

FLORIDA DeMOLAY

The 2018 Summer Conclave will be held July 21th – 25th 2018, at the
DOUBLE TREE BY HILTON HOTELS, JACKSONVILLE- RIVERFRONT
1201 RIVERPLACE BLVD JACKSONVILLE, FL 32207 904-398-8800

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: 4 Nights, 3 Dinners, 3 Breakfasts	Tuesday Night and the Grand Banquet
1 to a room.....\$430.00	1 to a room.....\$150.00
2 to a room.....\$270.00	2 to a room.....\$ 100.00
3 to a room.....\$230.00	3 to a room.....\$ 90.00
4 to a room.....\$210.00	4 to a room.....\$ 80.00
COMPETITION ONLY FEE \$25.00	EXTRA BANQUET TICKETS \$35.00
GUESTS (REGISTRATION ONLY) \$10.00	
Friday - Room Only \$95.00	
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 July 8th, 2018** Please return the completed forms (may be emailed) 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@fldemolay.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).

# OF NIGHTS	NAME	TITLE IF APPLICABLE	CLASS	YOUTH AGE

# OF NIGHTS	NAME	TITLE IF APPLICABLE	CLASS	YOUTH AGE

# OF NIGHTS	NAME	TITLE IF APPLICABLE	CLASS	YOUTH AGE

# OF NIGHTS	NAME	TITLE IF APPLICABLE	CLASS	YOUTH AGE

FULL STAY: 4 Nights, 3 Dinners, 3 Breakfasts	ONE NIGHT: Tuesday Night and Grand Banquet
1 to a room: _____ X \$430.00 = _____	1 to a room _____ X \$ 150.00 = _____
2 to a room: _____ X \$270.00 = _____	2 to a room _____ X \$ 100.00 = _____
3 to a room: _____ X \$230.00 = _____	3 to a room _____ X \$ 90.00 = _____
4 to a room: _____ X \$210.00 = _____	4 to a room _____ X \$ 80.00 = _____
Friday Night: _____ X \$ 95.00 = _____	
TOTAL :	TOTAL :

EXTRA BANQUET TICKETS \$35.00: _____	COMPETITION ONLY FEE \$25.00: _____
Name of Attendees: _____	Name of Attendees: _____

TOTAL AMOUNT OF CHECK: _____
CHECKS MADE PAYABLE TO: FLORIDA DEMOLAY

PLEASE USE ADDITIONAL FORMS FOR REGISTRATION IF NEEDED

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 from _____ Chapter.

Please Print

Name

Office

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Advisor in Charge: _____ E-Mail: _____

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 **Double Tree by Hilton Jacksonville - Riverfront**

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)

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 2017.

(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 Summer Conclave 2017.

(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.

Ritual Competitions Conclave 2018

Fees per competition are as follows: Individual Competitions \$5.00, Team Competitions \$10.00.

Fees are non-refundable, if a no show occurs for the competition.

Ind. DeMolay Degree

Ind. DeMolay Degree (Champions)

Master Inquisitor
Senior Inquisitor
Junior Inquisitor
Jacques DeMolay
Geoffrey de Charney
Orator

Master Inquisitor
Senior Inquisitor
Junior Inquisitor
Jacques DeMolay
Geoffrey de Charney
Orator

Exam Queries

Exam Queries (Champions)

Individual Preceptors

1P
2P
3P
4P
5P
6P
7P

Individual Preceptors (Champions)

1P
2P
3P
4P
5P
6P
7P

Mag 7

Mag 7 (Champions)

Shield Talk

Shield Talk (Champions)

Knight of Rose

Priory Princess Investiture

Team Competitions: \$10.00

Chapter Proficiency:

Cross of Honor Investiture:

Majority Service:

Chapter Ritual Fee	
Individual Total	\$
Team Total	\$
Total	\$

DeMOLAY SUMMER CONCLAVE
****** 2018 ******
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.

Track and Field:

<u>NUMBER OF COMPETITORS</u>	<u>NAMES/CHAPTER</u>	<u>FEE</u>
Shot Put _____	_____	x \$ 5.00 = _____
Discus _____	_____	x \$ 5.00 = _____
Long Jump _____	_____	x \$ 5.00 = _____
100 Yard Dash _____	_____	x \$ 5.00 = _____
220 Yard Dash _____	_____	x \$ 5.00 = _____
440 Yard Dash _____	_____	x \$ 5.00 = _____
880 Yard Dash _____	_____	x \$ 5.00 = _____
One Mile Run _____	_____	x \$ 5.00 = _____
440 Yard Relay _____	_____	x \$15.00 = _____
One Mile Relay _____	_____	x \$15.00 = _____
Eight Ball Singles _____	_____	x \$10.00 = _____
_____	_____	
_____	_____	

Team Competitions

No team registration allowed at time of check-in.

2 Man Volleyball _____	_____	x \$15.00 = _____
Volleyball (Team Entry) _____	_____	x \$30.00 = _____
Ultimate Frisbee(Team Entry) _____	_____	x \$30.00 = _____
Soccer (Team Entry) _____	_____	x \$30.00 = _____

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

All Entry Forms and Checks MUST be received by July 8th, 2018

DeMOLAY SUMMER CONCLAVE
****** 2018 ******
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 \$ 5.00 = _____	_____
Discus	_____ x \$ 5.00 = _____	_____
Long Jump	_____ x \$ 5.00 = _____	_____
100 Yard Dash	_____ x \$ 5.00 = _____	_____
220 Yard Dash	_____ x \$ 5.00 = _____	_____
440 Yard Dash	_____ x \$ 5.00 = _____	_____
880 Yard Dash	_____ x \$ 5.00 = _____	_____
One Mile Run	_____ x \$ 5.00 = _____	_____

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

All Entry Forms and Checks MUST be received by July 8th, 2018

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 its 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

(____) _____

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 _____

TEE- SHIRT SIGN UP SHEET.

Please email completed copy to Mom Athena by **July 1, 2018**

Please list all name listed on the Conclave Registration Form.

	Name	DeMolay, Advisor, Sweetheart or Guest	T-shirt size
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18			

Please send to: Amock@fdemolay.com



Sweetheart, Court, Ladies and Female Guest Registration

This form is for to allow the State Sweetheart Committee and Director of Ladies activities to know what ladies will be attending Summer Conclave.

Chapter: _____

Chapter Sweetheart and Court

Title	Name	Age	Chaperone

Female Guest (Past Chapter Sweetheart, PSS, Rainbow, Jobies and female guest)

Name	Title	Age	Chaperone (if needed)

Female Chaperone

Name	Phone Number



State Sweetheart Candidate Rules & Qualifications



Each Chapter, which is in good standing, may recommend one candidate for competition. Her election as a Chapter Sweetheart, and her successful completion of at least one (1) full term as the Sweetheart for her sponsoring Chapter, entitles her to participate in this competition. The length of the term is stated in the chapter bylaws.

Without exception, the following items are due to the State Sweetheart Coordinator or to a member of the State Sweetheart Committee no later than the deadline date for Conclave registration, for the young lady to be considered a candidate for State Sweetheart at that Conclave:

- A completed copy of the State Sweetheart Application form, 2 pages
- A completed copy of the State Sweetheart Consent Form
- A completed copy of the DeMolay Medical Release Form
- A 4 x 6 photo and brief Typed Biography
- A letter from the Chairman or Chapter Dad attesting to completion of the other qualifications outlined in this manual

All forms must be completed and signed by the required parties at the time of their submission. Information omitted or proven inaccurate may result in the disqualification of a candidate.

Should the State Sweetheart resign or be removed from office, the Florida Sweetheart Coordinator will either fill the position by appointment or declare the position vacant for the remainder of the term, determined the circumstances involved and with the guidance of the Executive Staff. If a replacement State Sweetheart is to be appointed, only those young ladies whose applications were properly submitted for the effected term will be considered.

Qualifications for candidacy

The candidate for State Sweetheart, upon submitting the documentation described above, must:

1. Have completed at least one term as Chapter Sweetheart
2. Be a young lady of at least 15 years of age, but cannot turn 21 during her term
3. Have completed the DeMolay Leadership Correspondence Course in its entirety
4. Have completed and received the Representative Sweetheart award

Applications Due to Mom Denise Mills **by July 8, 2018**. No late applications will be accepted.
Forms may be emailed or received through standard Mail.

Denise Mills

8309 Camphor Tree Dr. Orlando, Fl, 32810 – Dmills@fldemolay.com





Florida DeMolay State Sweetheart Candidate Application



Name: _____ DOB: _____ Age: _____

Address: _____

Telephone Number(s): () _____ () _____

E-mail address: _____

Sponsoring Chapter: _____

Dates served as Chapter Sweetheart: _____

Length of involvement in DeMolay: _____

Lamp of Knowledge : Yes or No Date received: _____

Representative Sweetheart: Yes or No Date received: _____

Assembly/Bethel: _____

School/College: _____ Grade: _____

Do you take daily medication? Yes or No Medication: _____

Explain medication usage: _____

Are you currently employed: Yes or No Where: _____

My Female Chaperone for DeMolay functions will be: _____

Telephone Number: () _____ E-mail address: _____





Florida DeMolay State Sweetheart Candidate Application



Brief description of yourself: _____

Other activities/interests: _____

I hereby affirm that all of the above information is correct, and that I have read and am familiar with the Rules & Qualifications for the State Sweetheart program, and also with the procedures involved in running for Florida's DeMolay State Sweetheart.

Signature of Applicant/Candidate

Date

Signature of Parent/Guardian

Date

Signature of Florida Sweetheart Coordinator

Date





Florida DeMolay State Sweetheart Candidate Consent Form



Parent/Guardian Consent:

I give consent for, _____,
to run for the position of Florida DeMolay State Sweetheart. I am aware that, if elected to this very honorable position, it could involve her traveling to functions hosted by other organizations in the area, as well as attending conventions and activities, some of which may require staying overnight with other sweethearts, either in their homes or in motels, where adequate chaperones will be required. I also agree to provide her with a chaperone when needed.

This position requires a knowledge of DeMolay, as the State Sweetheart acts as an ambassador for the Order and its members. With this understanding, I will support and encourage her in these activities.

I have read and am familiar with the Rules and Qualifications for the State Sweetheart program, and also with the procedures involved in running for Florida's DeMolay State Sweetheart.

I confirm the candidates date of birth is: _____

Signed: _____
(Parent or Guardian)

Date: _____

Sponsoring Chapter Consent:

As a representative of the Advisory Council of _____ Chapter,
Order of DeMolay, I hereby confirm that the Council approves and agrees to support/encourage our
(current or past) Chapter Sweetheart should she be elected to be the Florida DeMolay State
Sweetheart.

Signed: _____
(Chairman or Chapter Dad)

Date: _____

