



**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:

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.

Hunter Hancock
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 _____

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 2019 Mini Conclave will be held Jan 19th-21st, 2019, at the

Grand Orlando Resorts at Celebration

2900 Parkway Blvd Kissimmee FL 34747 407-396-7000

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, 1 Breakfasts,	Sunday Night (1Night 2 Meals) (Dinner and Breakfast)
1 to a room.....\$280.00	1 to a room.....\$170.00
2 to a room.....\$180.00	2 to a room.....\$ 155.00
3 to a room.....\$150.00	3 to a room.....\$ 105.00
4 to a room.....\$140.00	4 to a room.....\$ 90.00
COMPETITION ONLY FEE \$25.00	EXTRA BANQUET TICKETS \$30.00
GUESTS (REGISTRATION ONLY) \$10.00	
Friday - Room Only \$100.00	
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 Jan 2nd, 2019
Packet may be Emailed or postmarked by Dec. 28nd, 2018

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@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: 2 Nights, 2 Dinners, 1 Breakfasts	ONE NIGHT: Sunday Night, 1 Dinner, 1 Breakfast
1 to a room: _____ X \$280.00 = _____	1 to a room _____ X \$ 170.00 = _____
2 to a room: _____ X \$180.00 = _____	2 to a room _____ X \$ 155.00 = _____
3 to a room: _____ X \$150.00 = _____	3 to a room _____ X \$ 105.00 = _____
4 to a room: _____ X \$140.00 = _____	4 to a room _____ X \$ 90.00 = _____
Friday Night: _____ X \$100.00 = _____	
TOTAL :	TOTAL :

EXTRA BANQUET TICKETS \$30.00: _____	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

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 2019.

(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 2019.

(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 2019
 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 COMPETITONS \$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.

<u>GROUP COMPETITION</u>	<u>CAPTAIN</u>	<u>FEE</u>
Cross of Honor Investiture	_____	_____
<u>Individual Ritual Competitions</u>	<u>COMPETITOR</u>	<u>FEE</u>
Individual Preceptors	_____ # _____	_____
	_____ # _____	_____
	_____ # _____	_____
	_____ # _____	_____
	_____ # _____	_____
Master Inquisitor	_____	_____
Senior Inquisitor	_____	_____
Junior Inquisitor	_____	_____
Jacques DeMolay	_____	_____
Geoffrey de Charney	_____	_____
Orator	_____	_____
Examination Queries	_____	_____
	_____	_____
Flower Talk	_____	_____
Ceremony of Light	_____	_____
	_____	_____
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 2019
 OLD SOUTH TOURNAMENT
 RITUAL REGISTRATION FORM**

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 COMPETITONS \$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.**

<u>Individual Ritual Competitions</u>	<u>COMPETITOR</u>	<u>FEE</u>
Individual Preceptors (Champion)	_____ # _____ _____ # _____ _____ # _____ _____ # _____ _____ # _____	_____ _____ _____ _____ _____
Master Inquisitor (Champion)	_____	_____
Senior Inquisitor (Champion)	_____	_____
Junior Inquisitor (Champion)	_____	_____
Jacques DeMolay (Champion)	_____	_____
Geoffrey de Charney (Champion)	_____	_____
Orator (Champion)	_____	_____
Examination Queries	_____ _____	_____ _____
Flower Talk	_____	_____
Ceremony of Light	_____	_____

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 January 2nd, 2019

DeMolay MINI CONCLAVE
****** 2019 ******
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 ***

<u>NUMBER OF COMPETITORS</u>	<u>NAMES/CHAPTER</u>	<u>FEE</u>
Chess _____	_____	x \$5.00 = _____

*Eight Ball Double _____	_____	x \$15.00 = _____

Team Competitions

No team registration allowed at time of check-in.

Basketball _____	x \$30.00 = _____
Flag Football _____	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

Form must be received by January 2nd, 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.

(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.
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 _____

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

Advisor in Charge

E-Mail



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 that are attending Mini Conclave.

Chapter: _____

Chapter Sweetheart and Court

Title	Name	Chaperone

Female Guest

Name	Title	Chaperone (if needed)

Female Chaperone

Name	Phone Number



Chapter Sweetheart Program Information

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

Chapter: _____

Chapter Sweetheart: _____

Email Address: _____

Phone Number: _____

Date of Crowning: _____

Sweetheart Court (Name and Email Address):

Date of Court Crowning _____

Female Supporters (Name and Email Address):

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

