



**DEMOLAY**  
ARIZONA

*Convention*

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**PLATINUM**

JULY 12-14 2024 YAVAPAI COLLEGE, PRESCOTT

# ROCK OUT WITH ARIZONA DEMOLAY

## What is Convention?

IT'S THE BIGGEST EVENT OF THE YEAR! DeMolays from all over Arizona and the Western U.S. attend this legendary event. This is where we come together to have a weekend of fun, excitement and brotherhood. We will have fun events, lots of food and crazy late nights.

## What is it like?

From the minute you arrive to the moment you leave, there are endless opportunities for fun: traditional food and banquets, a dance and extravagant entertainment!

Our plan is to have visiting fans from adjoining jurisdictions, so plan to make new friends from ALL over the world of DeMolay.

## Who should attend?

YOU! This event is for everyone from the Active DeMolay, to the Sweethearts & Princesses to the 50 year Senior DeMolay member.

There is something for everyone at this Convention!

Convention is open to all, from DeMolays, Advisors, Sweethearts, Princesses to the increased presence of Squires, Job's Daughters, Rainbows and Parents on Saturday night and Sunday morning. However, the young ladies must provide their own, over age 25 chaperone, but the more the merrier.

## Where is it?

Convention will be held at Yavapai College, 100 E Sheldon St, Prescott, AZ 86301.

Grand Banquet will be held at the Prescott Resort & Conference Center, Sat., July 13th beginning at 6pm -1500 E. AZ Highway 69, Prescott, Arizona 86301.

## How to Pack For Your Convention Weekend:

### What not to pack:

**DON'T** bring any Summer School HOMEWORK, you simply won't have time to do it, and you'll weigh down your ride.

**DO NOT** bring drugs, alcohol energy drinks or weapons. Doing so WILL get you sent home!

### What should Attendees Pack?

DO bring deodorant, shampoo, bar of soap, tooth paste, tooth brush.

DO bring several changes of clothes. A suit or tuxedo for Grand Banquet. If you're a female, a nice dress or formal are appropriate to bring.

A swimsuit. Your AZ DeMolay Polo and other logo merchandise, snacks for your rooms.

Spending money ...for souvenirs!

## Special Note To Pack

**Bedding and bath towels are no longer provided. Please bring pillow/sheets/blankets for single bed. (or sleeping bag). Bath towel & washcloth.**

## Room Requests

As with prior years, we will continue to room participants with members from other chapters, giving you an opportunity to expand your friendships. We will do our best to room 12-14 year olds, 15-17 year olds and 18 & above in separate rooms.

## What's the Deadline?

The dates are postmarked by dates. Your registration must be **postmarked** by these dates:

**Early: Saturday, June 1, 2024**

**Regular: Saturday, June 15, 2024**

Registrations received **after** the June 15th **postmark** are based on "**space availability**" and includes a \$50 late fee.

## When Registering!

Chapters & Manors should send one submission package covering all DeMolays, Advisors and Parents (non chaperones).

Sweethearts, Princesses and their Chaperones should register through the State Sweetheart Director.

Special Guests, Senior DeMolay (non-advisors), Chevaliers, Legion of Honor and Past State Officers & Sweethearts may send registration directly to the Arizona DeMolay Office.

## "Shop DeMolay" Store

We will have plenty of DeMolay logo merchandise, from shirts, pins, socks, ties, playing cards, etc. The Store will be located in the registration/hospitality area and you should bring extra spending money to get all your DeMolay gear.

## Mail Completed Registration

### Packets to:

Arizona DeMolay State Association  
c/o 3535 East Blanche Dr.  
Phoenix, Arizona 85032

# GO PLATINUM WITH ARIZONA DEMOLAY

# ARIZONA DEMOLAY ANNUAL CONVENTION

**Please Print Legibly:** (one person per form)

Name : \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Title or Office: \_\_\_\_\_

Circle: Male or Female    Age: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_  
 Zip Code: \_\_\_\_\_  
 Chapter or Organization: \_\_\_\_\_  
 T-Shirt Size: S M L XL 2XL 3XL 4XL  
 (Add \$5 for 2XL and Above) (Full-Time Registrants ONLY)

Print name of Advisor/Chaperone (in attendance) responsible for Registrant: \_\_\_\_\_  
 (Female guests will be under the supervision of a chaperone and it is their responsibility to secure a chaperone. All chaperones must be at least 25 years of age. Registration forms for female guests will not be accepted unless accompanied by a chaperone registration. A chaperone may only be responsible for up to two (2) females.)

**FULL Registration includes:** 2 Nights Lodging, 2 Dinner Banquets, 2 Luncheons, 1 Breakfast, 1 Brunch, Fun Night Activities, Snacks, 1 Grand Dance.

**Saturday Package includes:** Overnight accommodations and ticket to the Grand Banquet, Installation and Dance

Registration Rates (per person) <b>** Circle Rate Choice &amp; Price **</b>	Persons Per Room	**EARLY** Postmarked on or before 06/1/2024	Regular Postmarked 06/02/24 - 06/15/24	Postmarked After AFTER 06/15/24
Full Weekend - All Youth/All Adults	2	\$299	\$325	\$375
Full Weekend - Adult/Chaperone Only <i>(Single Room Option) * Subject to Availability</i>	1*	\$355	\$380	\$430
Saturday Package Only Female Youth/Adult/Chaperone	2	\$175	\$200	\$250
Saturday Package Only - Adult/Chaperone <i>(Single Room Option) * Subject to Availability</i>	1*	\$210	\$235	\$285

**Saturday Banquet Meal**

**Buffet: Pasta Noodles, Chicken, Veg, Marinera or Alfredo**

STAND-ALONE OR EXTRA EVENT TICKETS				
Event(s)	TIME	Cost	Quantity How Many?	Standalone Sub-Total
Saturday Luncheon	12:00 Noon	\$18.00		
Saturday Grand Banquet, Installation Dance	6:00pm	\$60.00	Buffet —# _____ Noodles, Chicken Parm Vegetables, Sauces	
Sunday Brunch	10:00am	\$20.00	<b>Standalone Total</b>	

SQUIRES ONLY PACKAGE
Includes Convention Shirt, Saturday Lunch & Grand Banquet Meal.
No Overnight Stay
\$100.00
Sat. Banquet is a Buffet Noodles, Chicken, Sauces

**SUMMARY:**

Subtotal Registration Fees \_\_\_\_\_ + Any Stand-Alone Total \_\_\_\_\_ + Any T-shirt Fee \_\_\_\_\_ = Total Payable \$ \_\_\_\_\_

**Checks or Money Orders Payable to: Arizona DeMolay State Association**

**Mail Completed Registrations to:** Arizona DeMolay State Association, c/o 3535 East Balance Dr, Phoenix, Arizona 85032

# MEDICAL HISTORY AND RELEASE FORM

CONVENTION 2024 – JULY 12-14, 202

Participant: \_\_\_\_\_ Chapter: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

## \* PARTICIPANT'S INDEMNIFICATION \*

(REQUIRED BY ALL PARTICIPANTS)

I hereby promise to conduct myself in a responsible manner and abide by the DeMolay rules and regulations; and to follow all of the rules and regulations of this event. If I do not abide by this promise, I will be subject to being returned home immediately at my own expense. In consideration of the DeMolay Staff accepting this registration, I shall indemnify and hold Arizona DeMolay, DeMolay International, all Affiliated Organizations and the DeMolay Staff harmless 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 event.

**PARTICIPANT'S SIGNATURE:** \_\_\_\_\_ **\* DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## HEALTH HISTORY \*

*The DeMolay Staff should be aware that this participant is currently:*

Taking the following prescription medications: \_\_\_\_\_

List any allergies or other medical conditions of which we need to be aware \_\_\_\_\_

LAST TETANUS UPDATE: \_\_\_\_\_ MEDIC ALERT: \_\_\_\_\_

Name of Medical Insurance: \_\_\_\_\_ Family Physician: \_\_\_\_\_

Company (Employer): \_\_\_\_\_ Address: \_\_\_\_\_

Medical Insurance Group Policy #: \_\_\_\_\_ City, St. & Zip: \_\_\_\_\_

Individual Account #: \_\_\_\_\_ Phone #: \_\_\_\_\_

### IN CASE OF EMERGENCY, CONTACT:

Name: \_\_\_\_\_ Phone # (Day): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone # (Night): \_\_\_\_\_

## \* PARENTAL PERMISSION, MEDICAL & PHOTO RELEASE \*

(Required For All Participants Under 21 Years of Age)

As the Parent or Legal Guardian of the participant named above, I hereby give my permission for the DeMolay Staff to enter the above named participant into a hospital of their choosing. They may also obtain medical attention or treatment by a physician, if in their opinion, the above named participant needs medical attention or treatment. I also realize that participants attending this event may be engaged in indoor and outdoor activities and other physical activities related to this event.

To the best of my knowledge, there is no reason why the above named participant should not be allowed to participate in the event activities.

I also agree, upon notification from the DeMolay Staff, to pick up the above named participant, if, in the opinion of the DeMolay Staff, it is necessary that he/she be removed from the site of this event. In addition, I agree on behalf of the above named participant, that his/her room may be entered if it is deemed necessary by the DeMolay Staff.

On behalf of myself and my ward/minor, I hereby RELEASE, WAIVE AND FOREVER DISCHARGE INDEMNIFY AND HOLD HARMLESS, DeMolay, the Arizona DeMolay Foundation, DeMolay International, and all Affiliated Organizations and its officers, directors, employees, parents and subsidiaries, agents, from any and all claims, liabilities, causes of actions, damages, demands, judgments, executions, liens and costs whatsoever, in law or equity, including, without limitation, liability for death or bodily injuries to any person or damage to any property resulting from any (i) claims made against medical providers of emergency services under this authorization, or (ii) against DeMolay, DeMolay International, all Affiliated Organizations and its officers, directors, employees, parents and subsidiaries, agents for obtaining medical emergency services for said DeMolay member pursuant to this authorization.

I grant Arizona DeMolay, the Arizona DeMolay Foundation, DeMolay International, and all Affiliated Organizations the right to take photographs (still or video) of the participant during DeMolay activities and use such photographs with our without participant's name for any lawful purposes including but not limited to publicity, illustration, advertising, and web content. I authorize DeMolay, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

(SIGNATURE) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

PARENT or LEGAL GUARDIAN