



**JULY 21<sup>ST</sup> – JULY 27<sup>TH</sup>**

**PINE TREE EDUCATIONAL &  
ENVIRONMENTAL CENTER**

**110 BUTTERWORTHS BOGS ROAD,  
TABERNACLE, NJ 08088**



## Garden State Leadership Training Conference

### 2019 Registration Packet

July 21, 2019- July 27, 2019

### Welcome

Congratulations! You have been invited to attend the 2019 DeMolay Garden State Leadership Training Conference (GSLTC). Our twelfth annual conference will take place at the Pine Tree Scout Reservation located in scenic Tabernacle, New Jersey. Our conference will start on Sunday, July 21, 2019 and run through Saturday, July 27, 2019. This is an opportunity you will not want to miss!

We have assembled some of the best and brightest minds that DeMolay has to offer in the greater northeast area. DeMolays who attend this conference will learn the skills necessary to run their home chapters and to become leaders of character. We will be offering a cornucopia of essential topics such as event planning, critical thinking, public speaking, leadership techniques, interpersonal communication skills, and too many more to list. Plus we have all the fun and brotherhood you can handle!

### Program Information

**DATES:** July 21-27, 2019

**LOCATION:** Pine Tree Scout Reservation, 110 Butterworths Bogs Road, Tabernacle, NJ 08088

**COST:** **\$250**, due with your application. If your Jurisdiction has more than five members in attendance, that fee falls to **\$200**, so check with your Executive Officer.

Late registrations postmarked after **July 1, 2019** will be accepted only at the discretion of the Program Director of GSLTC.

**Checks must be made payable to “New Jersey DeMolay Leadership Conference.”** Registrants will not be allowed to attend GSLTC unless all fees are paid by the start of the program. Refunds will only be granted before July 1, 2019. No refunds will be given if an attendee fails to attend the entire conference.

**REGISTRATION:** You may register and submit payment online at [www.njdemolay.org](http://www.njdemolay.org) or mail the attached registration forms with the appropriate payment to:

**Mom Katie Flannery  
7 Lynn Place  
Pompton Plains, NJ 07444**

You will receive a registration confirmation packet by e-mail when your registration form is received by GSLTC. That confirmation will include arrival/departure times, directions to Pine Tree Scout Reservation, a list of what to bring, and other program information. For any other questions, please contact **Dad Andrew J. Prescott** at **(973) 461-9583** or [gsltc@njdemolay.org](mailto:gsltc@njdemolay.org).



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Registration Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ DeMolay's Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Parent's Phone: (\_\_\_\_) \_\_\_\_\_

DeMolay's E-Mail Address: \_\_\_\_\_

Parent's E-Mail Address: \_\_\_\_\_

Shirt Size (Please Circle One): S M L XL XXL XXXL

Home Chapter Name: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

DeMolay Membership ID: \_\_\_\_\_ Current Office: \_\_\_\_\_

Initiatory Degree Date: \_\_\_\_\_ DeMolay Degree Date: \_\_\_\_\_

Previously Attended DeMolay Leadership Conference (GSLTC, Key Man, Region I LTC): Yes No

Conference(s) and Year(s): \_\_\_\_\_

Number of LCC(s) Completed: \_\_\_\_\_ Representative DeMolay Award: Yes No

GSLTC Committee Preference (Please rank each preference 1 to 3, with 1 being the most preferred)

\_\_\_ Event Planning Committee \_\_\_ Newspaper Committee \_\_\_ Ritual Committee

List Any Degree Parts Known (Master Inquisitor, Master Councilor, Fourth Preceptor, Lord Constable, etc.):

List Any DeMolay Awards or Honors Received:

List Three Interests That Are Not DeMolay:



**Pre-Conference Survey**

*Please rate your current knowledge of the specified areas on the following scale:  
1 (None), 2 (Very Little), 3 (Some), 4 (Good), 5 (Mastered)*

- |                                 |                   |
|---------------------------------|-------------------|
| 1. DeMolay History & Structure: | 1 - 2 - 3 - 4 - 5 |
| 2. Parliamentary Procedure:     | 1 - 2 - 3 - 4 - 5 |
| 3. Event Planning:              | 1 - 2 - 3 - 4 - 5 |
| 4. Fundraising:                 | 1 - 2 - 3 - 4 - 5 |
| 5. Budgeting                    | 1 - 2 - 3 - 4 - 5 |
| 6. Term Planning:               | 1 - 2 - 3 - 4 - 5 |
| 7. Membership Recruitment       | 1 - 2 - 3 - 4 - 5 |
| 8. Public Speaking:             | 1 - 2 - 3 - 4 - 5 |
| 9. Communication:               | 1 - 2 - 3 - 4 - 5 |
| 10. Leadership:                 | 1 - 2 - 3 - 4 - 5 |

Please list three DeMolay related skills you hope to learn more about:

Please list three non-DeMolay life skills that you would like to learn more about:

How do you hope to use the skills you learn at GSLTC in the future?



**Authorization and Consents- Required Signatures:**

The following signatures are required for attendance. By signing this form, the signatories agree that the Registrant is authorized to attend this DeMolay Program.

\_\_\_\_\_  
Signature of Chapter Advisor

\_\_\_\_\_  
Signature of Chapter Chairman

**Release and Consent:** I hereby give my consent and permission as a legal adult or as the Parent or Legal Guardian of the above-named Registrant for my/his participation in the 2019 DeMolay Garden State Leadership Training Conference. I hereby agree that I/my son will abide by the statutes, by-laws, rules, regulations and edicts of DeMolay International and its duly authorized representatives. I agree that, if in the opinion of the GSLTC Staff, I/my child should need to be removed or asked to leave GSLTC for any reason, that I will immediately take the necessary action to effect my/his removal from the site at my expense. I agree that I will be responsible for any damage or injury I/my son may cause beyond reasonable wear and tear. I hereby agree to release and hold harmless DeMolay International, its International Supreme Council, the Grand Master of DeMolay, and its members, officers and employees, together with the Executive Officers, GSLTC Staff Members, Advisors and other authorized representatives from and against any and all claims or causes of action which may arise or be connected to my/his attendance at GSLTC, including transportation to and from the site.

**Media Release:** I understand and agree that photographs/videos may be taken at the event and consent to the use of these photographs/videos to promote the DeMolay program now or in the future.

**Medical Consent:** I hereby authorize any DeMolay Advisor at GSLTC to secure for me/my son urgent or emergency treatment, including transportation, hospitalization, surgery, anesthesia, invasive and non-invasive medical tests, imaging, and procedures as may be deemed reasonably medically necessary by a licensed medical professional. Medical providers are authorized to release to any DeMolay Advisor medical information concerning me/my son, including exam findings, test results, and any treatments provided for the purpose of diagnosing and treating the injury/malady complained of. *If the Registrant is under 18 years of age:* I understand that, if practicable, reasonable efforts shall be made by the GSLTC Staff to contact me prior to medical treatment.

\_\_\_\_\_  
Signature of Registrant (All)

\_\_\_\_\_  
Signature of Parent/Guardian  
(if Registrant under 18)

I, \_\_\_\_\_ (parent/guardian signature), give my son permission to attend the GSLTC off-campus field trip on Wednesday, July 24, 2019.



**Emergency Contacts:**

***In case of emergency, please contact:***

Primary - Name: \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Work/Home Phone: (\_\_\_\_) \_\_\_\_\_

Alternate - Name: \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Work/Home Phone: (\_\_\_\_) \_\_\_\_\_

**Health Insurance:**

DeMolay provides secondary health insurance only.

Please list your medical insurance below, *or indicate that you have no medical coverage:*

\_\_\_\_\_

Insurance Company	Group No. (if applicable)	Policy Number	Subscriber's Name
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**REQUIRED: ATTACH A COPY OF THE FRONT AND BACK OF YOUR HEALTH INSURANCE CARD TO THIS APPLICATION.**

**Medications:**

***Medications:*** Please list all medications you are currently taking, including dose and frequency/schedule. Please include inhalers, over-the-counter medications, vitamins and supplements. Please bring only the amount of medicine needed for the duration of the conference in appropriate labeled containers.

Name of Medication	Dosage	Frequency of Dose	Need Assistance Administering? (Yes/No)	Reason for Using



**Medical Information:**

*This information will remain confidential, only to be shared with the GSLTC Program Director and appointed medical personnel as well as your assigned GSLTC Chapter Advisor/Assistant Chapter Advisor.*

**Medical History:** Please list any and all diagnosed medical conditions (ie. Asthma, seizure disorder, diabetes, ADHD, Autism, etc.) as well as any surgeries or hospitalizations within the last year.

Explain the circumstances/treatment plan of any condition listed above:

**Allergies:** Please list any allergies (medication, food or environmental) and describe your typical allergic reaction if exposed to the allergen:

If you have an allergy, are you prescribed an epi-pen or other emergency medication?

Is there any further information you feel important for the GSLTC Staff to be aware of regarding any medical, mental health, or learning concerns?