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# DEMOLAY

## NEW JERSEY

Proudly presents

# Winterfest 2019

*A Weekend of Fun, Teamwork, Brotherhood and Excitement*

To be held

**February 1-3, 2019**  
**Bordentown, New Jersey**

And will include

### ***Fun***

Board Games! Video Games! Movies! Theme Dance!

### ***Teamwork***

Fun programs! Participation in developing new programs for  
New Jersey DeMolay!

### ***Brotherhood***

Meet your fellow members from throughout New Jersey DeMolay!

### ***Excitement***

See what's new in DeMolay International and  
what's being planned for New Jersey DeMolay!

**Attend the entire weekend at a cost of \$85 per Member and \$120 per Advisor,  
which includes all meals, activities, the Winterfest shirt, and two nights hotel stay**

***Or***

**Attend only Saturday's activities and meals for just \$35**

Contact your Chapter Advisor for registration information!

Deadline: Saturday January 19, 2019

# WINTERFEST INDIVIDUAL REGISTRATION FORM



Chapter Name: \_\_\_\_\_

I am a(n) DeMolay \_\_\_\_\_ Advisor/Adult \_\_\_\_\_ Other \_\_\_\_\_

Your Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Current office/Advisor position: \_\_\_\_\_

Shirt Size (circle one): M L XL XXL Other: \_\_\_\_\_

Sweatpant Size (circle one): M L XL XXL Other: \_\_\_\_\_

Name of responsible Advisor: \_\_\_\_\_

Signature of Chapter Advisor or Chairman: \_\_\_\_\_

## Select a Price Package (check one)

- Active DeMolay (based on 4 to a room): \$85.00  
 Advisors and Adults (based on 2 to a room) \$120.00  
 Saturday Only (meals and shirt) \$35.00

## Important:

- Please be aware that no refunds can be made after the registration deadline has passed.
- If you are registering along with a New Jersey DeMolay Chapter, please give this form and money/check to your Chapter's contact person for Winterfest and make sure that he/she includes you on the Chapter Registration Form.
- If you are NOT registering along with a New Jersey DeMolay Chapter, please send the following:
  - This completed form and a completed Medical Release Form (last page of this packet)
  - A check for the appropriate amount, made payable to "New Jersey DeMolay"

to Michael Ross, 231 Dallam Road, Newark, DE 19711 **no later than Saturday January 19, 2019**

Email any questions to [michael.ross.74@gmail.com](mailto:michael.ross.74@gmail.com). For extra forms/packets, visit [www.njdemolay.org](http://www.njdemolay.org).

# WINTERFEST CHAPTER REGISTRATION FORM



Chapter Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of attending Advisor responsible: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

_____	DeMolay Members Attending @ \$85	= \$	_____
_____	Advisors/Adults Attending @ \$120	= \$	_____
_____	Saturday Only (meals and shirt) @ \$35	= \$	_____
	<b>Total</b>	<b>= \$</b>	_____

**Rooming Arrangements (please print)**

**Note:**

- One advisor/adult must attend per every 4 members attending
- Members are 4 to a room; Advisors/Adults are 2 to a room
- The registration staff reserves the right to consolidate chapters in order to ensure full, 4-person rooms
- Rooms should be set up 12-17 and 18-21. Registration Staff reserves the right to adjust accordingly

Room 1	Room 2
1.	1.
2.	2.
3.	3.
4.	4.

(Please use other side as needed.)

**Please mail the following:**

- A check in the "Total" amount above, made payable to "New Jersey DeMolay"
- This completed form
- All Individual Registration Forms and Medical Release Forms for your Chapter's attendees

to Michael Ross, 231 Dallam Road, Newark, DE 19711 **no later than Saturday January 19, 2019**

**Important:** Please be aware that no refunds can be made after the registration deadline has passed.

Email any questions to [michael.ross.74@gmail.com](mailto:michael.ross.74@gmail.com). For extra forms/packets, visit [www.njdemolay.org](http://www.njdemolay.org).

**New Jersey DeMolay  
Medical History and Release Form**

NOTICE: DeMolay and DeMolay Leaders of New Jersey do **NOT** provide medical insurance for participants in the events they sponsor. It is expected that the parent or guardian of each participant will be responsible for any and all injuries and medical bills incurred during any event.

**Identification of Minor Participant:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Status: Active DeMolay \_\_\_\_\_ Visitor \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

The above named minor is subject to the following medical problems, known allergies and medications being taken:

NONE: \_\_\_\_\_ Condition/Medication \_\_\_\_\_

**Consent and Release**

I, undersigned parent or legal guardian of the identified minor, do hereby give my consent and permission for him/her to participate in all activities and events conducted by the DeMolay Leaders of New Jersey. I agree to release and hold harmless the DeMolay Leaders of New Jersey and their members, advisors and officers of the Order of DeMolay from any and all claims of cause of action, which the undersigned has or may have. In the event of injury or illness to the above named minor, I hereby authorize and adult DeMolay advisor in attendance to secure and physician in attendance to provide such emergency treatments as deemed necessary by those present including, but not limited to, hospitalization, injections, anesthesia, surgery, diagnostic radiology, blood transfusion and medications. I understand that reasonable efforts shall be made to contact me prior to medical treatment.

Signed: \_\_\_\_\_ Parent / Legal Guardian Date: \_\_\_\_\_

I may be reached at the following phone numbers: Home: \_\_\_\_\_

Work: \_\_\_\_\_ Cellular: \_\_\_\_\_ Other: \_\_\_\_\_

**Agreement**

I hereby agree to abide by the DeMolay Rules and Regulations, and the directives of the DeMolay Leaders of New Jersey, and it's duly authorized officers and representatives. I agree that, if in the opinion of any DeMolay advisor, I should be removed or asked to leave the event or activity, my parent or legal guardian will be obligated to make arrangements to transport me immediately from the site of the event to my residence of record at the expense of my parent or legal guardian.

Signed by Participant: \_\_\_\_\_

Signed by Parent / Legal Guardian: \_\_\_\_\_

**Medical Insurance Information**

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Contract Number: \_\_\_\_\_

Circle One: HMO POP POS