

Congratulations!

We are pleased to tell you that you have been accepted to Jacques DeMolay University for the 2018 Term. We hope you are eager to attend our program this year and learn how to make your Chapter and Jurisdiction better! Here's what you need to know!

When:

- o March 3-4, 2018—Registration is from 8-9am on the 3rd—Graduation Ceremony is 10am on the 4th

Where:

- o Classroom sessions: Masonic Lodge –4923 Stewart Ave, White Bear Lake, MN 55110
- o Sleeping will be at the Best Western Country Inn Hotel - Next door to the lodge

Cost:

- o \$15 for MN DeMolay (Thanks to the generous subsidy of MN Grand Lodge!)
- o \$50 for all Non-MN DeMolay
- o Cost includes lodging, meals and training materials

Registration:

- o Registration and payment must be received by **Feb 9th** to ensure hotel reservations
- o Late registrations will be accepted, but registrants may be required to stay at the Lodge rather than at the hotel next door depending on room availability
- o Forms should be sent to AJ Brendel, 5911 157th Lane NW, Ramsey, MN 55303 or emailed to AJ@Brendel.org
- o Make payment to MN DeMolay

DeMolays are expected to have proper advisor representation from their Chapter or Jurisdiction.

We look forward to seeing you at the event. For any questions please email aj@brendel.org

JDU Staff

Registration



Name _____

Chapter _____

Jurisdiction _____

How many years have you attended JDU?

Zero One Two

Rank these 3 topics in order of interest: Ritual, Event Planning, Communication

1 (Most Interested) _____

2 _____

3 (Least Interested) _____

Are you a Current or Past Master Councilor interested in learning about becoming a State or Jurisdictional Officer?

Yes No

Are you currently a Sweetheart?

Yes No

Are you currently a State or Jurisdictional Officer?

Yes No

If so, state your current office below:

Individual Registration



State Event: _____

Registrant Information

Name: _____
Chapter: _____
Address: _____ T-Shirt Size: _____
City: _____ State: _____ Zip: _____
Phone #: _____ Email: _____ Birth date: _____

Participant is:

Roommate preference _____

DeMolay Prospect Sweetheart Job/ Rainbow Advisor / Chaperone

Participant's Indemnification

Required by all participants – both adults and youth

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 DeMolay 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 Minnesota 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 DeMolay event.

PARTICIPANT'S SIGNATURE: _____ DATE: _____

Medical History and Release Form

The Event Advisors should be aware that this participant has experienced health problems with the following:

I understand that this event may involve indoor and outdoor activities including but not limited to: athletics, vigorous physical activity, dancing, swimming, skiing, snowboarding and travel and the above named participant has my permission to participate in these activities. I know of no reason why restriction should be placed on the participant except for the following:

Medical Insurance Company _____ Medical Insurance Policy # _____
Family Physician _____ Phone # _____
Address _____ Preferred Hospital _____
City _____ State _____ Zip _____

IN CASE OF EMERGENCY, CONTACT:

Name _____ Daytime Phone # _____
Address _____ Evening Phone # _____
City _____ State _____ Zip _____

PARENTAL PERMISSION & MEDICAL RELEASE

Required for all Participants Under 21 Years of Age

As the Parent or Legal Guardian of the participant named above, I hereby give 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 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 DeMolay 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. In consideration of the DeMolay Staff accepting this form, I shall indemnify and hold Minnesota 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 the above named participant's attendance at this DeMolay event.

Signature _____ Date _____
Parent or Legal Guardian

Signature _____ Date _____
Chapter Dad / Advisor / Chaperone