

New York DeMolay Winterfest 2019
January 11 - 13, 2019
Landmark Motel
1418 Saratoga Road Fort Edward, NY

Please Type or Print Clearly

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Chapter/Assembly/Triangle: _____

Advisor/Chaperone Responsible for you: _____

Share room with: _____

All attendees sharing a room must have same names on each other's Registration Forms

Please Check the Appropriate Box

DeMolay Rainbow Triangle Sweetheart Advisor Chaperone/Parent

Registration Fees Per Person (This price includes Tubing)

Four to a Room- \$79 Three to a Room- \$91 Two to a Room- \$114 One to a Room- \$184

Registration Fees Per Person (This price does not include Tubing)

Four to a Room- \$59 Three to a Room- \$71 Two to a Room- \$94 One to a Room- \$164

Saturday Only

Tubing and Saturday Night Dinner- \$30

****Friday Check in begins at 6 PM – No one will be able to get room keys until this time****

Tubing on Saturday from 11 AM – 3 PM at West Mountain

**Completed Registrations Forms and Payment with Checks made payable to New York
DeMolay by December 15, 2018**

Send to: Bill Williams 213 Oak Lane Ballston Spa, NY 12020

Registrations Forms received without payment will be returned and no reservation will be made.

Medical Release

Any disease, condition, injury or physical limitation should be documented: _____

List all medications currently being taken, including dose, frequency, date and time of last dose taken:

(Please send all medications in original prescription bottles)

Dietary Restrictions: _____

Allergies: _____

Permission to Administer: Tylenol _____ Ibuprofen _____ Pepto Bismo _____

Date of last Tetanus Shot: _____

In the event the above named individual needs medical attention, I hereby consent to whatever medical or surgical care is required.

Signed: _____ Relationship: _____ Date: _____

Phone numbers: Day _____ Night _____

Insurance Carrier: _____ Policy Number: _____

A copy of the front and back of insurance card should be attached to registration form when returned.

In the event that the above named parent or guardian is not able to be reached, please list the name and phone number of another relative who may be contacted.

Name: _____ Phone Number: _____

Relationship: _____

Attention Attendees

A safe and fun weekend is intended for all. In order to accomplish this all attendees are under the direction of their respective Adult Advisors or Chaperones and should follow any specific rules established by their organization. We thank you in advance for adhering to these rules.

Event Rules & Regulations

1. Possession or use of alcoholic beverages, firearms, controlled substances or any material deemed illegal by law is prohibited.
2. No attendee may leave the facility at any time during the event other than scheduled without permission from the Head Advisor of their Organization.
3. No vehicles may be moved after parked at the facility unless used for designated transportation is prohibited.
4. Curfew is at the time designated and all attendees must be in his/her assigned room at that time. **NO EXCEPTIONS!**
5. Each individual is responsible for the condition of his/her assigned room. **He/she will be held liable for any damages and for lost room keys.**
6. Any individual in violation of these rules will forfeit all fees paid and the violator will be **removed from the event**

I have read and understand the Event Rules & Regulations as listed above, and will abide by them.

Signed: _____

Parent/Guardian: _____

Advisor/Chaperone Approval

All Active members of DeMolay/Rainbow/Triangle must have this Event Registration approved by the Advisor who will be attending the event.

I have read the Event Rules & Regulations and approve of this individual attending this event. I have also discussed with the parents that they will be liable for any damages and for lost room keys.

I will be attending this event and will be responsible for the registrant named on this form. Should I be unable to attend this event I will contact the Head Advisor of my Organization to make other arrangements for the appropriate supervision.

Signed: _____

Title: _____