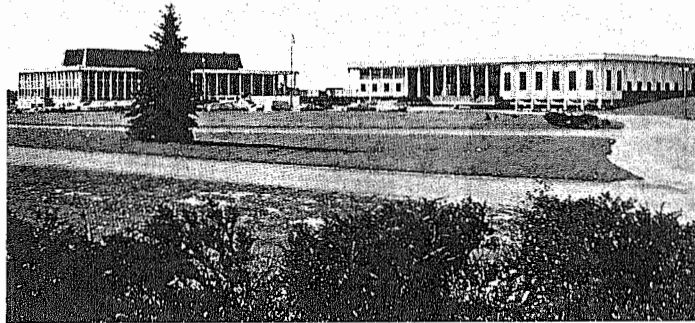
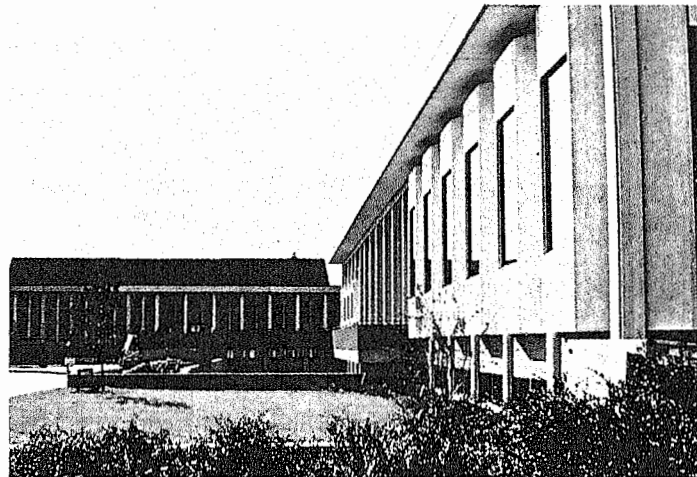


New York DeMolay Tenth Anniversary Convention

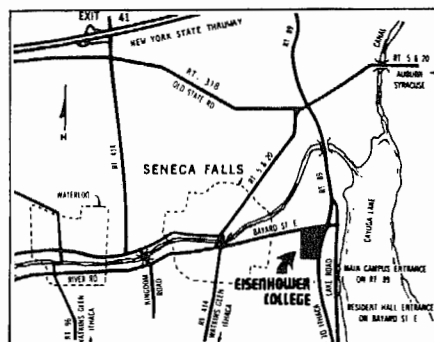


August 3 - 4 - 5 - 6, 1978

Eisenhower College, Seneca Falls, N.Y.



Travel Directions: Located 6 miles south of the New York Thruway (Exit 41). Nearest airports: Rochester, Syracuse, Ithaca. Bus service available from all three cities.



Tel. 315-568-7411



REGISTRATION INSTRUCTIONS

1. **FEES:** The total cost of the Convention for DeMolays, Advisors, Sweethearts & Chaperones is — **4 days, \$49.00;** or **3 days, \$41.00,** of which \$25.00 is due with this Registration Form. The balance is due at the Registration Desk. It is strongly suggested that you submit the entire fee with the registration form, as it will give you much faster service at Convention.
2. Make all checks payable to: **NEW YORK STATE CHAPTER, ODM.**
3. *NO REGISTRATION WILL BE ACCEPTED UNLESS THE RULES SECTION AND MEDICAL RELEASE ARE PROPERLY FILLED OUT AND SIGNED AND YOU HAVE INDICATED 3 DAYS OR 4 DAYS.*
4. **DEADLINE FOR REGISTRATION,** if you want to be roomed as a Chapter, is July 14, 1978. Registration forms received after July 25, 1978, will be assessed a \$5.00 late fee.
5. **DEADLINE FOR CANCELLATION** is July 28, 1978. Any individual who pre-registers and does not attend the Convention without giving proper notice to DeMolay Headquarters before the cancellation date will not be eligible for a refund. Exception to this rule will be made only for an acceptable excuse (death in the immediate family, serious illness or a reason judged to be acceptable by the State Executive Committee).
6. It is requested that the Master Councilor collect and then send all of his Chapter's registration forms in together by July 14, 1978. **SEND COMPLETED FORMS TO: DEMOLAY HEADQUARTERS, 2150 Bleecker Street, Utica, New York 13503 — Phone 315/798-6422.**
7. Questions or comments concerning the **TENTH ANNIVERSARY CONVENTION** are welcome. They should be addressed to DeMolay Headquarters (address above).

ARRIVAL TIME: Plan to arrive between 9:00 A.M. & noon.
Activities begin immediately with lunch at noon so arrive as early as possible.

WHAT TO BRING: Grubby clothes, gym clothes, shirt & tie, equipment for Talent Show, **CHAPTER BANNER.** Extra cash will also be needed to buy T-shirts, candy, etc.

SAVE THIS PAGE

TENTH ANNIVERSARY CONVENTION — Registration Form

Please TYPE or PRINT CLEARLY

NAME _____ BIRTHDATE _____
ADDRESS _____
CITY/STATE/ZIP _____
CHAPTER _____ OFFICE NOW HOLDING _____

FOR OFFICE USE ONLY	
Total Due	\$ _____
Amt. Rec'd.	\$ _____
Bal. Due	\$ _____
Dorm _____	Room _____

Please check the Appropriate Boxes Below.

- DeMolay Advisor Sweetheart Chaperone
 August 3 - 4 - 5 - 6 or August 4 - 5 - 6

I would like to room with _____
(Yours & requested roommates' form must agree)

CONVENTION RULES & REGULATIONS

(This must be signed before your Registration Form will be accepted.)

1. Possession or use of any alcoholic beverages, firearms, controlled substances or any material deemed illegal by law is prohibited.
2. No DeMolay may leave the campus premises at any time during the Convention, except with written permission from the Convention Advisor or Convention Chairman.
3. No cars or motorbikes may be moved after parked on campus and use during Convention is prohibited.
4. Quiet hour in the Dormitories is 1:30 A.M. and every DeMolay must be in his own room at that time.
5. Each DeMolay is responsible for the condition of his *assigned* room. He will be liable for any damages incurred.
6. All Delegates are obligated to attend Nominating Committees and Elections before other activities and the ranking Delegate must attend Nominating Committees.
7. Any DeMolay in violation of any of these rules will forfeit all fees paid to New York DeMolay and the staff will request the parent or guardian to remove the DeMolay from Convention.

I have read, understand and will obey the above rules.

Signed _____
Registrant

(continued on reverse side)

TENTH ANNIVERSARY CONVENTION

MEDICAL RELEASE

Please fill in all spaces with either information or "NONE".

Any disease, injury or physical defect that should be brought to our attention _____

Any medication currently being taken _____

Any medication allergies _____

Date of last Tetanus _____

In the event that the staff of the Convention deems it necessary to place under a doctor's care and/or hospitalize the above named registrant, I hereby consent to whatever medical or surgical care is required. I have also read the Convention Rules and Regulations.

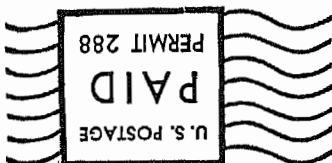
Signed _____ Date _____

(Parent or Guardian)

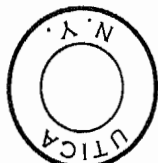
Phone Number (____) _____

10010

NEW YORK
71 W 23RD ST
WENDELL K WALKER
NY
GL



NON PROFIT ORGANIZATION



YAHNUNDAHSHIS BODIES, A.A.S.R.
MASONIC TEMPLE
251 GENESEE STREET
UTICA, NEW YORK 13501