



PLEASE NOTE THAT THERE ARE SEVERAL CHANGES
TO THIS YEAR'S FORM.
Please fill out the form carefully!!

OFFICE USE ONLY

Total	\$
Amount Paid	\$
Balance	\$

Rock The Mountain - Winterfest 2012
February 4th and 5th West Mountain Glenn Falls , NY

PLEASE TYPE OR PRINT CLEARLY

Name:	Email:	
Address:	Phone:	DOB:
City:	State:	ZIP:
Chapter:	Advisor Responsible for you:	

Please Check all of the Boxes Below that apply:

- | | |
|---|--|
| <input type="checkbox"/> DeMolay | <input type="checkbox"/> Sweetheart |
| <input type="checkbox"/> Advisor | <input type="checkbox"/> Chaperone/Parent |
| <input type="checkbox"/> Senior DeMolay | <input type="checkbox"/> Masonic Youth Girls Group _____ |

Attention Rainbow, Constellation & Triangle
New York DeMolay will not be responsible for providing you an Adult Advisor or Chaperone. Please follow your own organization's ratio of members per Advisor/Chaperone protocol. New York DeMolay wants to provide a safe weekend for one and all. Any member of a Masonic Young Ladies Organization who does not have an Adult Advisor or Chaperone will not be able to participate in the activities of Winterfest 2012. We thank you in advance for adhering to these rules.

Registration Fees

- | | | |
|--------------------------|----------------------|----------|
| <input type="checkbox"/> | Four To a Room | \$40.00 |
| <input type="checkbox"/> | Two to a room | \$60.00 |
| <input type="checkbox"/> | Single room..... | \$100.00 |

These prices do not include Mountain Activities

Eagle Lodge Address for Dinner And Dance
Glens Falls Fraternal Order of the Eagles #2486
80 Main St
South Glens Falls, NY 12083
518.793.4511

HOTEL
Landmark Motel
1418 Saratoga Road
Fort Edward NY, 12828
518.793.3441

WEST MOUNTAIN :
59 West Mountain Road
Queensbury NY, 12804
518.793.6606

*Forms received without money will be returned **WITH NO RESERVATION MADE**. Your Balance must be paid by the time of your arrival of your form.*

Checks should be made payable to **New York DeMolay**

All Registration Forms must be postmarked **ON or BEFORE January 23rd, 2012**

**Complete Medical
Release on Back!**



Return Completed Registration Forms and Fees to:
New York DeMolay c/o Dad Sardone
1775 Englishtown Road
Old Bridge, New Jersey 08857

Medical Release & State Event Rules and Regulations Acknowledgement

Please fill in all spaces with information or "None." PLEASE PRINT CLEARLY!

Registrant's Name: _____ Date of last Tetanus Shot: _____

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

Any medications currently being taken: _____

In the event that the advisor 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 read and agreed to the Event Rules and Regulations. I also understand that the registrant is responsible for all charges if he/she should lose the room key.

Signed: _____ Date: _____
(Parent or Guardian)

Phone numbers: Day: _____ Evening: _____

Insurance Carrier: _____ Policy Number: _____

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 to Registrant: _____

STATE 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, except with written permission from the Personal Representative.
3. No vehicles may be moved after parked at the facility, and use during the event is prohibited.
4. Curfew is 30 minutes after the conclusion of the last scheduled event of the day and all attendees must be in his/her assigned room at that time. **NO EXCEPTIONS!** Curfew may be made earlier or later at the discretion of the Executive Officer.
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 NYS DeMolay State Event Rules & Regulations, as listed above, and will abide by them.

Signed: _____

ADVISOR/CHAPERONE APPROVAL

All Active DeMolays must have this State Event Registration approved by the Advisor who will be attending the event.

All female registrants, under the age of 21, must have this form approved by their advisor/chaperone, WHO WILL BE ATTENDING THE EVENT WITH THE REGISTRANT. The advisor/chaperone's registration form should accompany the registrant's form when mailed to the DeMolay Office.

I have read the Event Rules & Regulations and approve of this individual attending this 2009 New York State DeMolay event.

I have also discussed with the parents about the lost room key charges and they understand that each registrant is responsible for all lost room key charges.

I will be attending the event and will be responsible for the registrant named on this form. Should I be unable to attend the event, I will contact the DeMolay Office to make other arrangements for the appropriate supervision.

Signed: _____

Title: _____