

All-Star 2022

Registration Procedures:

All participants must register on the appropriate form **before** the registration deadline.

General:

All youth attendees must be a member or candidate of DeMolay/Rainbow

All youth (under 21) must fill out a Medical Release Form and have signed by an adult guardian

Checks should be from local Chapter/Assembly and payable to Iowa DeMolay

Registration Due by September 26, 2022

Send typed or printed registration, complete payment, and medical release forms to:

James Cox
2120 Fieldcrest Ln
Ely, IA 52227

Registration may be submitted via email if payment & medical form is sent by September 26th deadline

11jcox@gmail.com

Please contact Brad Reichardt with any late registrations

Emergency Contact #'s

Brad Reichardt	Executive Officer	Cell: (515) 669-2032	reichardt.brad@gmail.com
James Cox	Event Director	Cell: (319) 540-2635	11jcox@gmail.com

All-Star 2022
October 15-16, 2022
DeMolay Schedule

Schedule Subject to Change

Saturday October 15

	Event	Location	Attire
12:00 PM - 12:30 PM	Registration Tshirt Pick Up	CR Scottish Rite Dining Room	
12:30 PM - 2:00 PM	Ritual Competition	CR Scottish Rite - Various Locations	Suit & Tie
2:00 PM - 3:00 PM	Education conducted by State Officers	CR Scottish Rite Classroom	Suit & Tie
3:00 PM - 3:30 PM	Change into DeMolay Casual		
3:30 PM - 4:00 PM	Travel		
	Bowling, Laser Tag, & Dinner*		
4:00 PM - 6:00 PM	*Dinner Served 5pm and can be taken back to bowling lane/table	Spare Time Entertainment	DeMolay Casual
6:00 PM - 6:15 PM	Bowling Ball / Shoe Return		
6:15 PM - 7:05 PM	Travel		
7:05 PM - 10:00 PM	Hockey Game	Cedar Rapids Ice Arena	DeMolay Casual
10:00 PM - 10:30 PM	Travel		
10:30 PM - 12:00 AM	Hospitality Suite		DeMolay Casual
12:00 AM	Lights Out		

Sunday October 16

8:30 AM	Checkout of Hotel / Travel		
8:30 AM - 9:00 AM	Set up for Legion of Honor	CR Scottish Rite Classroom	Suit & Tie
9:00 AM - 9:30 AM	Legion of Honor		
9:30 AM - 11:30 AM	Induction Ceremony		
11:30 AM - 1:00 PM	Awards Brunch	CR Scottish Rite Dining Room	Suit & Tie
1:00 PM	UTC	Event Complete - Travel Home	

Cedar Rapids Scottish Rite/Masonic Temple

616 A Ave NE Cedar Rapids, IA 52401

Spare Time Entertainment

4601 1st Ave SE Cedar Rapids, IA 52402

Cedar Rapids Ice Arena

1100 Rockford Road SW Cedar Rapids, IA 52404

Hotel - Hampton Inn & Suites (CR North)

1130 Park Pl NE, Cedar Rapids, IA 52402

Dad Cox (Event Director)
 Dad Freel (Altoona)
 Dad Allen (Cedar Rapids)

(319) 540-2635
 (515) 771-9687
 (319) 654-5660

All-Star 2022
October 15, 2022
Rainbow Schedule

Schedule Subject to Change

Saturday October 15

		Event	Location	Attire
11:30 AM	12:30 PM	Ritual Competition	CR Masonic Temple	Formal
			CR Scottish Rite	
12:00 PM	12:30 PM	Registration Tshirt Pick Up	Dining Room	
12:30 PM	1:00 PM	Prep for Initiation		
1:00 PM	3:00 PM	Initiation		Formal
3:00 PM	3:30 PM	Change		
3:30 PM	4:00 PM	Travel		
Bowling, Laser Tag, & Dinner*				
4:00 PM	6:00 PM	*Dinner Served 5pm and can be taken back to bowling lane/table	Spare Time Entertainment	Rainbow Casual
6:00 PM	6:15 PM	Bowling Ball / Shoe Return		
6:15 PM	UTC	Event Complete - Travel Home		

Cedar Rapids Scottish Rite/Masonic Temple

616 A Ave NE Cedar Rapids, IA 52401

Spare Time Entertainment

4601 1st Ave SE Cedar Rapids, IA 52402

All-Star 2022
Iowa DeMolay October 15-16, 2022
Iowa Rainbow October 15, 2022
Cedar Rapids, IA

All-Star 2022 Iowa DeMolay October 15-16, 2022 Iowa Rainbow October 15, 2022 Cedar Rapids, IA		Chapter/Assembly									
		Advisor Name									
		Advisor Phone									
		Advisor Email									
	First Name	Last Name	Age	Member	Candidate	Advisor	Guest	DeMolay Event Cost	Rainbow Event Cost	T-Shirt Size	Medical Release
	PLEASE PRINT	PLEASE PRINT		CHOOSE CLASS							YES/NO
1				M	C	A	G	\$50	\$60		
2				M	C	A	G	\$50	\$60		
3				M	C	A	G	\$50	\$60		
4				M	C	A	G	\$50	\$60		
5				M	C	A	G	\$50	\$60		
6				M	C	A	G	\$50	\$60		
7				M	C	A	G	\$50	\$60		
8				M	C	A	G	\$50	\$60		
9				M	C	A	G	\$50	\$60		
10				M	C	A	G	\$50	\$60		
11				M	C	A	G	\$50	\$60		
12				M	C	A	G	\$50	\$60		
13				M	C	A	G	\$50	\$60		
14				M	C	A	G	\$50	\$60		
15				M	C	A	G	\$50	\$60		
16				M	C	A	G	\$50	\$60		
17				M	C	A	G	\$50	\$60		
18				M	C	A	G	\$50	\$60		
19				M	C	A	G	\$50	\$60		
20				M	C	A	G	\$50	\$60		

Standard Registration due by September 26, 2022
Make Checks Payable to "Iowa DeMolay"
Send money and medical release forms to James Cox 2120 Fieldcrest Ln Ely, IA 52227
Registration forms may be emailed to 11jcox@gmail.com

**IOWA DEMOLAY
MEDICAL HISTORY AND RELEASE FORM**

All-Star 2022

NAME OF PARTICIPANT: _____ CHAPTER: _____

ADDRESS: _____ CITY: _____ PH: _____

*** PARTICIPANT'S INDEMNIFICATION ***

(REQUIRED BY ALL PARTICIPANTS)

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 IOWA DeMolay, The International Supreme Council of the Order of DeMolay, all Affiliated Organizations and the DeMolay Staff harmless from and against any and all penalties, losses, costs, damages, suits, judgements, 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** _____

*** HEALTH HISTORY ***

The DeMolay Staff should be aware that this participant has experienced health problems with the following:

___ Appendicitis ___ Ear Trouble ___ Frequent Colds ___ Rheumatic Fever ___ Convulsions
___ Epileptic Seizures ___ Heart Trouble ___ Sinus Trouble ___ Cramps in Water ___ Fainting ___ Hernia
___ Throat Infection ___ Diabetes Other _____

Medical Insurance Company _____
Insurance Policy# _____

Family Physician: _____ Address: _____
City: _____ State _____ Zip _____ Phone # _____

IN CASE OF EMERGENCY, CONTACT:

Name: _____ Phone No: Day: AC _____ - _____
Address: _____ Night: AC _____ - _____
City: _____ State _____ Zip _____ Cell: AC _____ - _____

*** 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 my 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 realize that DeMolay members attending this event may be engaged in indoor and outdoor activities and other physical activities related to this event.

To the best of my knowledge, there is no reason why the above named participant should not be allowed to participate in the DeMolay activities.

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 he/her room may be entered if it is deemed necessary by the DeMolay Staff.

In consideration of the DeMolay Staff accepting this registration, I shall indemnify and hold IOWA DeMolay, The International Supreme Council of the Order of DeMolay, all Affiliated Organizations and the DeMolay Staff harmless from and against any and all penalties, losses, costs, damages, suits, judgements, 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.

PARENT or LEGAL GUARDIAN
(SIGNATURE) _____ DATE: _____
ADVISOR
(SIGNATURE) _____ DATE: _____