

All-Star 2023

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

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 22, 2023

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

Rob Myers

Executive Officer

Cell: (563) 468-1171

myers.robert.l.iii@gmail.com

James Cox

Event Director

Cell: (319) 540-2635

11jcox@gmail.com

All-Star 2023 October 14-15, 2023

Schedule Subject to Change

Saturday October 14

	Event	Location	Attire
12:00 PM	12:30 PM	Registration Hoodie Pick Up	Suit & Tie
12:30 PM	2:00 PM	Ritual Competition	
2:00 PM	3:00 PM	Education conducted by State Officers	
3:00 PM	3:30 PM	Change into DeMolay Casual	
3:30 PM	4:00 PM	Travel	DeMolay Casual
4:00 PM	6:30 PM	Bass Farms Farm Festival with Dinner at 5:30pm	
6:30 PM	7:05 PM	Travel	
7:05 PM	10:00 PM	Hockey Game	
10:00 PM	10:30 PM	Travel	
10:30 PM	12:00 AM	Hospitality Suite with light snacks and beverages	
12:00 AM		Lights Out	

Sunday October 15

	8:30 AM	Checkout of Hotel	
8:30 AM	9:00 AM	Travel	Suit & Tie
9:00 AM	9:30 AM	Set up for Induction Ceremony	
9:30 AM	11:30 AM	Induction Ceremony	
11:30 AM	1:00 PM	Awards Brunch	
1:00 PM	UTC	Event Complete - Travel Home	

Marion Masonic Temple

684 10th St, Marion, IA 52302

Bass Farms

840 Bass Lane Mt. Vernon, Iowa 52314

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)

(319) 540-2635

Dad Freel (Altoona)

(515) 771-9687

Dad Allen (Cedar Rapids)

(319) 654-5660

All-Star 2023
Iowa DeMolay October 14-15, 2023
Marion & Cedar Rapids, IA

			Chapter							
			Advisor Name							
			Advisor Phone							
			Advisor Email							
			Age	Member	Candidate	Advisor	Guest	DeMolay Event Cost	Hoodie Size	Medical Release
			First Name	Last Name						
			PLEASE PRINT	PLEASE PRINT			CHOOSE CLASS			YES/NO
Hotel Room1	1			M	C	A	G	\$95		
	2			M	C	A	G	\$95		
Hotel Room2	3			M	C	A	G	\$95		
	4			M	C	A	G	\$95		
Hotel Room3	5			M	C	A	G	\$95		
	6			M	C	A	G	\$95		
Hotel Room4	7			M	C	A	G	\$95		
	8			M	C	A	G	\$95		
Hotel Room5	9			M	C	A	G	\$95		
	10			M	C	A	G	\$95		
Hotel Room6	11			M	C	A	G	\$95		
	12			M	C	A	G	\$95		
Hotel Room7	13			M	C	A	G	\$95		
	14			M	C	A	G	\$95		
Hotel Room8	15			M	C	A	G	\$95		
	16			M	C	A	G	\$95		
Hotel Room9	17			M	C	A	G	\$95		
	18			M	C	A	G	\$95		
Hotel Room10	19			M	C	A	G	\$95		
	20			M	C	A	G	\$95		

Standard Registration due by September 22, 2023
 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**

ALLSTAR 2023

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 _____ Name
of Medical Insurance Family Physician: _____ Company
_____ Address: _____ Medical Insurance
Policy City: _____ State ___ Zip _____ Number _____
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: _____