

2011 KEY MAN CONFERENCE

LEADERSHIP NOMINATION *August 7-13, 2011. Elizabethtown, PA*

Please consider me for attendance at the 2011 Pennsylvania DeMolay Key Man Conference

Name _____

First Name, as you prefer it on your name badge _____

Address _____

City _____ State _____ Zip _____

Birthdate: _____ Age: _____

Telephone (_____) _____ Year initiated _____

Best Times To Reach You By Phone: _____

E-Mail Address _____

Chapter _____ Current Office _____

Past Offices _____

T-shirt Size: (circle the size you want to wear) S M L XL Other _____

Have you previously attended a Key Man Conference? YES ___ NO ___ When? _____

Have you earned your Obligations Card? YES ___ NO ___

Circle any Ritual parts that you know from memory:

<u>Opening/Closing</u>		<u>Initiatory Degree</u>				<u>DeMolay Degree</u>		<u>Other</u>
Master Councilor	Senior Councilor	Master Councilor	Senior Councilor	Jacques DeMolay	Guy of Auvergne	Ceremony of Light		
Junior Councilor	Senior Deacon	Junior Councilor	Senior Deacon	Master Inquisitor	Senior Inquisitor	Flower Talk		
Junior Deacon	Senior Steward	Senior Steward	Junior Steward	Junior Inquisitor	Marshal of Comm.	_____		
Junior Steward	Sentinel	Scribe	Marshal	1 st Preceptor	Senior Guard	Orator	_____	
Chaplain	Marshal	2 nd	3 rd	4 th	5 th	6 th	7 th	
					Master Councilor (4 th Section)		_____	

List any honors or awards you have received:

Circle L.C.C. Lessons completed: 1 2 3 4 5

Can You Swim? YES NO

Indicate how you qualify to attend Key Man Conference (*check one*):

_____ New DeMolay (*less than 2 years, no prior Key Man attendance*)

_____ Junior/Senior Councilor of my Chapter

_____ Jurisdictional Officer: _____

If your attendance has been sponsored, please list the sponsoring organization(s):

Briefly, why do you want to attend Key Man?

PARTICIPANT'S STATEMENT

I agree to follow all the rules of the Order of DeMolay, and those established by the Grand Lodge of Pennsylvania for the use of the Masonic Conference Center -- Patton Campus in Elizabethtown. I will conduct myself in accordance with the principles of the Order of DeMolay, and participate wholeheartedly in the success of Key Man Conference 2011. I agree that if I violate any of these regulations that I may be sent home immediately, at the sole discretion of the Conference Director, and subject to the disciplinary action of my Chapter's Advisory Council and the Executive Officer of DeMolay in my jurisdiction.

PARTICIPANT'S SIGNATURE _____

PARENT'S STATEMENT / PHOTOGRAPHIC RELEASE

I hereby give permission for my son, _____, to attend the 2011 Pennsylvania DeMolay Key Man Conference. I understand fully that if my son violates any of the rules of the Conference, or the regulations of the Order of DeMolay, that he may be sent home, at the sole discretion of the Conference Director, and at my expense, and subject to the appropriate disciplinary action by his Advisory Council. I give permission and consent for him to participate in all activities, and to allow photographs, videotapes, and interviews to be taken during the *PA DeMolay Key Man Conference*, and for any such photographs, videotapes, and/or interviews to be published and used by the Pennsylvania DeMolay and the Pennsylvania Masonic Youth Foundation to illustrate, promote, and advertise the conference and other programs.

PARENT'S SIGNATURE _____ DATE _____

APPROVED BY _____ DATE _____
Chapter Advisor or Advisory Council Chairman

APPLICATION APPROVED BY _____ DATE _____
Executive Officer (*non-PA applicants*)

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FEE FOR PENNSYLVANIA APPLICANTS: \$225.00
FEE FOR PA APPLICANTS AFTER JUNE 15TH: \$250.00 (PA Applicants are subsidized by the *Pennsylvania Masonic Youth Foundation*)
FEE FOR OUT-OF-STATE APPLICANTS: \$ 350.00
 Enclosed is a check payable to PA DeMOLAY.

APPLICATIONS ACCEPTED ON A FIRST COME – FIRST SERVED BASIS

NO APPLICATIONS ACCEPTED AFTER JULY 15, 2011

An AUTHORIZATION FOR MEDICAL CARE form and complete registration fee MUST accompany this registration. No space will be reserved without pre-payment and Authorization for Medical Care Form.