

Out-of-State Attendees

MASONIC YOUTH

LEADERSHIP CONFERENCE

NEBRASKA

October 1-2, 2011
Holiday Inn, Kearney, Nebraska

8:30 – 9:30 AM Registration / 10:00 AM Opening

Cost: \$110.00 per person NO Refunds after August 15th
\$100.00 per person Early Registration if postmarked before Aug 15th 2011

Permission and Medical Release Form: Each participant must accompany the Release Form and send with the Registration. (*Make copies of enclosed form as needed.*)

Who can attend: Youth 10 years and older and adults

Fee Includes: Saturday lunch, afternoon snack and dinner
Sunday breakfast

T-Shirt for everyone attending, indicate size on Registration Form

Attire: Casual ~ Jeans and T-Shirt (T-shirt provided)

Register ONE Chaperone for each 5 youth.

Prospective Members are welcome as the Conference is also open to youth not affiliated with our Masonic Family.

Make Check Payable to: Masonic Youth Foundation of Nebraska

Mail Check, Registration and Permission/Medical Release Forms

Postmarked by August 15th to: Gene Wehrbein 402-298-8192
8817 Church Rd gwehrbein@jagwireless.net
Louisville, NE 68037

All Conference activities will be held at the Holiday Inn. You will be responsible for making reservations for your own group. To receive the discounted room rate, let them know that you are with the Masonic Youth Leadership Conference. Several rooms have been blocked off for Friday night if you are arriving early. Room reservations can be made at the following:

Holiday Inn	\$82.95 + Applicable Taxes	308-237-5971
Hampton Inn	\$82.95 + Applicable Taxes	308-234-3400
Wingate Inn	\$82.95 + Applicable Taxes	308-237-4400

To receive the discount, rooms must be reserved by September 2nd.

NO Refunds after August 15th

Out-of-State Registration Form

Masonic Youth leadership Conference Registration Form

Registration must be postmarked by: August 15th, 2011

Organization (Check One): DeMolay Job's Rainbow

Organization Name (number): _____

Contact Person for above: _____

Address: _____

Phone Number: _____

E-mail Address (optional): _____

T-Shirts available in S, M, L, XL, 2XL, 3XL

**** Please list any special diet needs for those attending.**

Youth Attending

Name	Title	Age	Shirt Size
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Adults Attending

	Title	Shirt Size
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Total Number of Youth attending _____ @ \$100.00 = _____

Total Number of Adults attending _____ @ \$100.00 = _____

If postmarked after August 15th: Total attending _____ plus \$10.00 each = _____

Total amount due _____

Make check payable to: Masonic Youth Foundation of Nebraska

Mail check, Registration and Permission/Medical Release Forms to: Gene Wehrbein
8817 Church Rd
Louisville, NE 68037



October 1-2, 2011

PERMISSION & MEDICAL RELEASE

Required for all participants

Name of Participant: _____

Name of Parent/Legal Guardian: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Alternate Phone: _____

As the Parent or Legal Guardian of the Participant named above, or as a Participant (if 19 years of age or older) I hereby give my permission to the Masonic Youth Leadership Conference (hereinafter "Conference") to admit the Participant into a hospital if Conference staff determines that hospitalization of the Participant is required. The Conference may also obtain medical attention or treatment by a physician if, the Conference staff determines the Participant requires medical attention or treatment.

I also agree, upon notification by the Conference, to pick up the Participant if, in the sole opinion of the Conference or its staff, it is necessary that the Participant be removed from the site of the Conference. In addition, I agree on behalf of the Participant, that his or her room may be entered at any time by Conference Staff if it is deemed necessary by the Conference.

In consideration of the Conference and its representatives accepting this Registration, the undersigned on behalf of the Participant or as a Participant agrees to indemnify and hold the Grand Lodge of Nebraska and its subordinate lodges; the Grand Lodge of Nebraska Youth Committee; the Nebraska Grand Chapter Order of the Eastern Star and its subordinate chapters; the Nebraska Masonic Youth Foundation; Job's Daughters International; the International Order of the Rainbow for Girls; DeMolay International and all affiliated organizations of the same; the representatives and staff of the Conference; and any and all sponsors of the Conference and their affiliated organizations, harmless from and against any and all penalties, losses, costs, damages, suits, judgments, claims, demands, expenses and liabilities of any kind or nature whatsoever, arising directly or indirectly out of or in connection with the Participant's attendance and participation in the Conference.

Signature _____
Parent or Legal Guardian, if Participant is 18 years of age or younger

Date _____

Signature _____
Participant, if 19 years of age or older

Date _____