

PROPER CONDUCT FORM FOR YOUNG MEN ATTENDING GRAND ASSEMBLY

PROPER CONDUCT GUIDELINES FOR ADULTS WHO ARE CHAPERONING YOUNG MEN

As an Adult Advisor, I promise to keep a watchful eye on the young people in my care. I will see that the curfew is upheld, with all youth in their assigned rooms by curfew time. I will see that the noise is kept to a minimum and that care is taken of the Hotel/Motel rooms and grounds. Curfew is to be one hour after the evening Grand Assembly sessions end, unless otherwise announced. As an adult, I will set the example for proper behavior during Grand Assembly. I realize that the youth and/or adults may be sent home at their own expense should a problem arise.

Chaperones

Please print and sign your name

1. _____ Title _____
2. _____ Title _____
3. _____ Title _____
4. _____ Title _____
5. _____ Title _____

PROPER CONDUCT AGREEMENT FOR YOUNG MEN AND PARENTS

As the brother of a Rainbow Girl or as a member of DeMolay, I understand that it is a privilege to attend Grand Assembly. I will willingly cooperate with my Adult Advisors who are Chaperones. I will abide by the curfew time and be in my room and quiet by curfew. Curfew will be one hour after the evening session unless otherwise announced. Noise will be at a minimum so as not to disturb other Hotel/Motel guests. I will take good care of the Hotel/Motel rooms and grounds. I realize that a young man and/or adult may be sent home at their own or their parents' expense should a problem arise. I understand that young men are not allowed in hotels where Rainbow Girls are housed. Young men are allowed on the first floor only of the Radisson Hotel.

DeMolay and Brother of a Rainbow Girl

Parent

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. _____
Signature Title 2. _____
Signature Title 3. _____
Signature Title 4. _____
Signature Title 5. _____
Signature Title | <ol style="list-style-type: none"> 1. _____
Signature Print name 2. _____
Signature Print name 3. _____
Signature Print name 4. _____
Signature Print name 5. _____
Signature Print name |
|--|---|

Name of Contact Person _____ Phone (____) _____

Address _____ City _____ Zip _____

This form is to be signed and accompany the Housing Form when sending Registration and Housing Forms to the Registration Chairperson.

Make extra copies if needed • • • Keep a copy for your files.