

# MASONIC YOUTH LEADERSHIP CONFERENCE REGISTRATION FORM

Registration must be postmarked by: September 1<sup>st</sup>, 2017

**Nebraska** (\$65/person)       **Other Jurisdiction** (\$115/person): \_\_\_\_\_

Organization:       DeMolay       Job's       Rainbow

Organization Name and Number: \_\_\_\_\_

Contact Person for above: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address (optional): \_\_\_\_\_

**Attendees:** T-Shirts available in S / M / L / XL / 2XL / 3XL    *\*\* Please list any special dietary needs for those attending.*

	Name	Title	Shirt Size	Youth/ Adult	Age (if Youth)
1.				<input type="checkbox"/> Y <input type="checkbox"/> A	
2.				<input type="checkbox"/> Y <input type="checkbox"/> A	
3.				<input type="checkbox"/> Y <input type="checkbox"/> A	
4.				<input type="checkbox"/> Y <input type="checkbox"/> A	
5.				<input type="checkbox"/> Y <input type="checkbox"/> A	
6.				<input type="checkbox"/> Y <input type="checkbox"/> A	
7.				<input type="checkbox"/> Y <input type="checkbox"/> A	
8.				<input type="checkbox"/> Y <input type="checkbox"/> A	
9.				<input type="checkbox"/> Y <input type="checkbox"/> A	
10.				<input type="checkbox"/> Y <input type="checkbox"/> A	
11.				<input type="checkbox"/> Y <input type="checkbox"/> A	
12.				<input type="checkbox"/> Y <input type="checkbox"/> A	
13.				<input type="checkbox"/> Y <input type="checkbox"/> A	
14.				<input type="checkbox"/> Y <input type="checkbox"/> A	
15.				<input type="checkbox"/> Y <input type="checkbox"/> A	
16.				<input type="checkbox"/> Y <input type="checkbox"/> A	
17.				<input type="checkbox"/> Y <input type="checkbox"/> A	
18.				<input type="checkbox"/> Y <input type="checkbox"/> A	

**Nebraska Attendees:**      Total Number Attending \_\_\_\_\_ X \$65.00 =      \$ \_\_\_\_\_

**Other Jurisdiction Attendees:**      Total Number Attending \_\_\_\_\_ X \$115.00 =      \$ \_\_\_\_\_

**If postmarked after September 1st:** Total Attending \_\_\_\_\_ X \$ 10.00 each =      \$ \_\_\_\_\_

**Make check payable to: Nebraska Masonic Youth Foundation      Total Amount Due: \$ \_\_\_\_\_**

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

**\*\*Please note – Registration is not complete until Permission & Medical/Media Release Forms have been received for ALL attendees (including adults).**