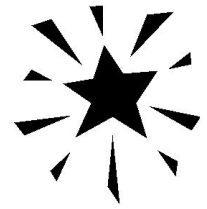




*Constellation of Junior Stars*  
**Convocation 2010**  
*“Let Your Light Shine”*  
*July 30th thru August 1st*



*Meetings at Endicott Masonic Lodge*

*Lodging at Comfort Suites in Vestal*

Name: \_\_\_\_\_

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

City, State & Zip Code: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Constellation: \_\_\_\_\_

Please check the appropriate box(es) below:

- Constellation Member       Candidate       Constellation Alumni  
 Sponsor       Other (Please specify): \_\_\_\_\_

Voting Delegates:

- Grand Officer       Exalted Star       Star of Happiness

Roommate Preference: \_\_\_\_\_

Registration Costs (lodging & events):

- Friday-Sunday (4 to a room) .... \$125  
 Friday-Sunday (2 to a room) .... \$150  
 Saturday-Sunday (2 to a room) ... \$75

Registration Costs (events only):

- Candidates (special price) Friday-Sunday .... \$25  
 Saturday Banquet, Installation & Ball (adults) ... \$20  
 Saturday Banquet, Installation & Ball (youth) ... \$10

Checks should be made payable to Grand Constellation.

All Registration forms must be postmarked on or before **July 10, 2010**.

Registration forms will be accepted until July 25th with at \$10 late fee.

All forms must have a \$25 deposit with them and the medical form and release must be completed and signed. The balance must be paid by the time of your arrival at Convocation.

Return completed forms and fees to:

Mrs. Monica Mowry, 6 Pinewood Drive, Clifton Park, NY 12065 (email: [mjmowry@hotmail.com](mailto:mjmowry@hotmail.com))

# MEDICAL RELEASE

Please fill in all spaces with information or "None". Registrant's Name: \_\_\_\_\_

Any disease, injury or physical defect that should be brought to our attention: \_\_\_\_\_

\_\_\_\_\_

Any medications currently being taken: \_\_\_\_\_

Any medication allergies: \_\_\_\_\_

Date of last Tetanus: \_\_\_\_\_

In the event that the Sponsors of the Convocation deems it necessary to place under a doctor's care and/or hospitalize the above named registrant, I hereby consent to whatever medical or surgical care is required. I have also read and agreed to the Convocation rules and regulations.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

In the event that the above named parent or guardian is not able to be reached, please list the name and phone number of another relative who may be contacted:

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

Relationship to registrant: \_\_\_\_\_

Registrant's Sponsor for the weekend: \_\_\_\_\_

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## This Section must be signed by the Participant & Parent/Guardian in order for the Registration to be accepted

1. Possession or use of any alcoholic beverages, firearms, controlled substances or any material deemed illegal by law is prohibited.
2. No attendee may leave the premises at any time during the Weekend, except with the permission of the Committee. An adult must accompany any youth leaving the premises.
3. Quiet hour is 1:00AM and all attendees must be in their rooms at that time.
4. Each individual is responsible for the condition of their assigned room. The Constellation will be responsible for any damages incurred.
5. Any individual in violation of any of the rules, as outlined above, will forfeit all fees paid and will be removed from the premises.

I have read and understand the Convocation Rules & Regulations, as listed above, and will abide by them.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

The undersigned is the parent or legal guardian of the Member named above. I hereby give my permission for her to participate in Convocation, and I release the Order of the Constellation of Junior Stars, Inc.; and their subordinate bodies, Sponsors, officers and members from all claims, demands and liabilities of whatever kind which may arise out of injury to her while participating in the activities. I give this release on my own behalf, on behalf of all other parents and guardians of the above named Member, and on her behalf.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian

If the participant is 18 years old or older, read and sign the following in addition to the above release:

I release the Order of the Constellation of Junior Stars, Inc.; and their subordinate bodies, Sponsors, officers and members from all claims, demands and liabilities of whatever kind, which may arise out of injury to me while participating in the activities.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_