



December 10, 2024

TO ALL CONSTITUENT CHAPTERS OF THE TEXAS DEMOLAY ASSOCIATION & ASSEMBLIES OF THE GRAND ASSEMBLY OF TEXAS.

RE: 48th ANNUAL GOVERNMENT DAY – FEBRUARY 8 – 9, 2025

All information is subject to change!

It is time for our 48th Annual Government Day, one of the major highlights of the Texas DeMolay year! The information you need to register for this event is contained in this packet. If you have any questions, please see the contact info below.

The DEADLINE for registration is Friday, January 24, 2025.

***** There is NO LATE REGISTRATION *****

For the bulk of content information, please see the Director’s Memorandum which was published separately.

Fraternally,

Tommy F. Chapman
Executive Officer
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tomkat6265@aol.com

Chance Chapman
Deputy Executive Officer / Event Registrar
Phone: (409) 201-5340
tcchapman@ymail.com

Joe Jones
Deputy Executive Officer - Operations
Phone: (214) 232-8577
larryjoe661507@gmail.com

Andrew Parks
Director of Government Day
Phone: (409) 719-3001
boydandrewparks@gmail.com

Michael Cote II
State Scribe / House Clerk
Phone: (817) 219-2916
statescribe@texasdemolay.com

Stephanie Jones
Director of Housing & Venues
Phone: (972) 743-0068
housing@texasdemolay.com

Tentative Schedule of Events

February 8 - 9, 2025

*****Strict Dress Code*****

Coat, slacks, and tie required for DeMolays and appropriate suits or dresses for Rainbows and Sweetheart Courts at the State Capitol

Saturday, February 8, 2025

9:00 – 9:30 A.M.

Registrations.....House Chamber

9:30 A.M.

Joint Sessions.....House Chamber

- Opening & Welcoming Remarks
- Explanation of Procedures and voting on Bills to be acted on.

Following Joint Sessions

Legislative Session.....Capitol Building

11:30 – 2 P.M.

Lunch.....Capitol Building

- House will eat from 11:30 A.M. – 12:30 P.M.// Senate will eat from 1:00 P.M. – 2:00 P.M.

1:00/2:00 P.M.

Legislative Sessions.....House Chamber (1 P.M.)
Senate Chamber (2 P.M.)

5:00 P.M.

Adjourn

8:00 P.M.

Dance.....TBA

NOTE: Coat, slacks, and tie required for DeMolays and dresses for Rainbows, Sweethearts, and Sweetheart Court Member.

Sunday, February 9, 2025

9:00 A.M.

Legislative Session.....Capitol Building

9:30 A.M.

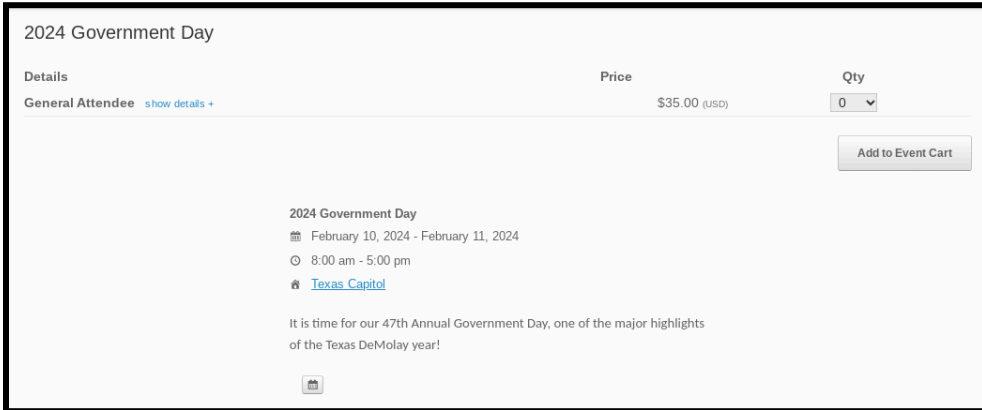
Executive Officers meeting with all Chapter Advisors.....Speaker of the House Room

11:30 A.M.

Joint Session.....House Chamber

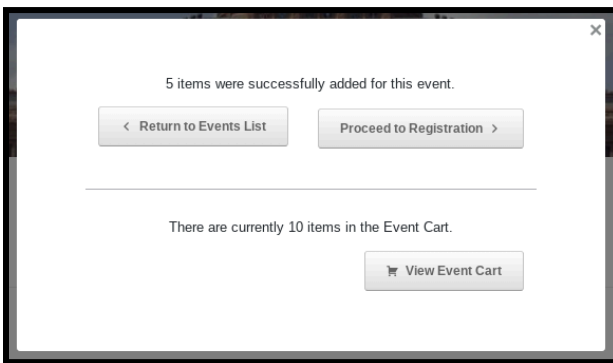
Closing Remarks & Awards

Government Day 2025 Online Registration Walkthrough



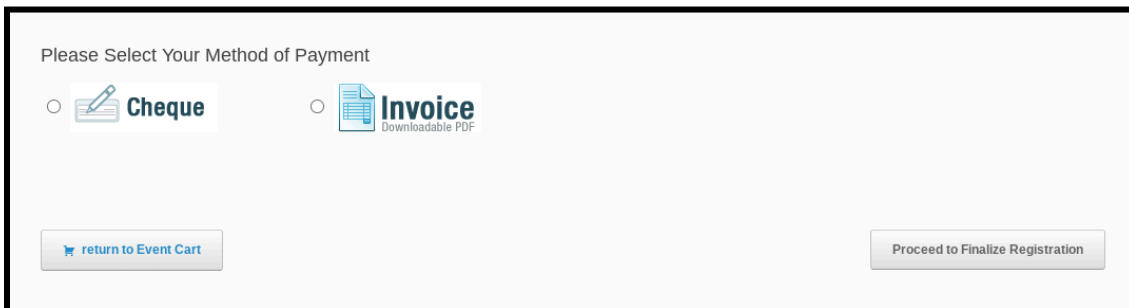
Through the Texas DeMolay website, scroll toward the bottom of the home page and click on the “2025 Government Day”.

Select the number of total participants from the “Qty” option, then click “Add to Event Cart.”

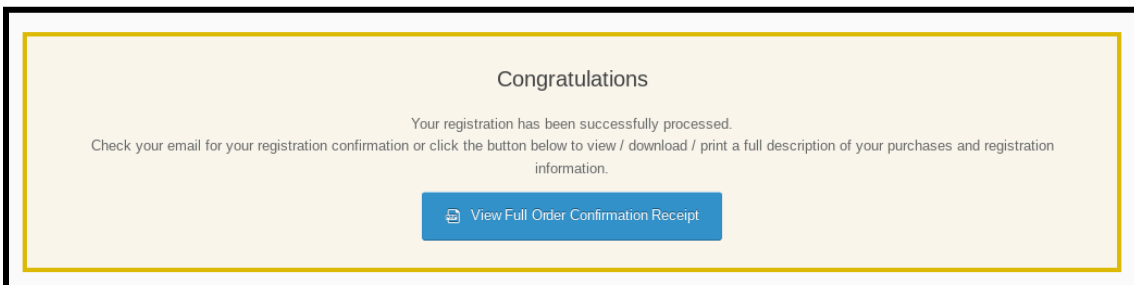


Select “Proceed to Registration” and fill out the information for all participants.

After the information is filled out, click “Proceed to Payment Options” at the bottom of the page.



Follow prompts as needed.



Done!

GOVERNMENT DAY ORGANIZATION SHEET

Please return the following items to the Registrar by the Friday, January 24, 2025 deadline.

1. Medical Release Forms for each DeMolay, Advisor, Sweetheart, Mother, Rainbow, Board Member, Council Member, and guest in attendance. The Executive Officer for Texas DeMolay requires **at least two (2) registered Advisors for each Chapter.** Three Advisors will be needed if more than 10 DeMolays are present from each delegation. The Grand Assembly of Texas may have different requirements. You will be responsible for knowing and abiding by those guidelines. **If you do not have a registered adult in your group, you will not be allowed to participate.**
2. A check made payable to **Texas DeMolay Activities** covering registration fees for all attending unless you paid electronically.
3. A separate \$100.00 check was made out to **Texas DeMolay Activities** to cover the property deposit. Every Chapter and Assembly in attendance must submit a property deposit. The check will be returned if a self-addressed and stamped envelope is provided; otherwise, it will be shredded if no damage is reported at the Capitol.

**Send all of the above to Chance Chapman
174 Hilldale Drive
Nederland, Texas 77627**

Finances:

The registration fee will be \$35 for everyone attending. Each Chapter and Assembly must send a **\$100 damage deposit** check with your Medical Release Forms. There will be no exceptions. This is for all delegations no matter the size. A delegation will not be considered fully registered until the medical release forms and damage deposit are received. This is if the Texas DeMolay Association must pay for damages incurred in the Capitol or the location of the dance. **The damage deposit MUST be a separate check.** It will be returned or shredded when it is determined no damages have occurred. Your damage deposit check should be accompanied by a self-addressed and stamped envelope if you would like the check returned instead of shredded. Checks will be returned between 90 and 120 days after the event. **There will be no refunds** provided after the registration period closes.

Registration Guidelines:

All registration must be completed **online**. All participants must be officially registered as part of a Chapter or Assembly delegation. There will be **no individual registrations** accepted. If the House and Senate are full before the registration deadline, we will try to accommodate all registrants, but we may not be able to guarantee official seats. A Medical Release Form for each participant (youth and adult) must be mailed to Chance Chapman, the event Registrar. Chapters and Assemblies should also have at least one copy of each form with them during Government Day.

TEXAS DEMOLAY GOVERNMENT DAY 2025 ROOMING FORM

**NOTE: THIS FORM MUST BE COMPLETED AND RETURNED WITH
GOVERNMENT DAY REGISTRATION PER**

THE DEADLINE: Friday, January 24, 2025.

I _____ (print name) the parent / guardian of
_____ (print active DeMolay's name) hereby
consent to his rooming with the following active DeMolays during the 2025 Government Day.

(Print up to three names)

1. _____ (print name)

2. _____ (print name)

3. _____ (print name)

**NOTE: NO ACTIVE DEMOLAY ATTENDING GOVERNMENT DAY 2025 WILL BE PERMITTED TO
ROOM WITH ANYONE NOT LISTED IN THIS FORM.**

Adult Signature: _____

Adult Printed Name: _____

Signed this _____ day of _____ 202__

TEXAS DEMOLAY GOVERNMENT DAY MEDICAL RELEASE FORM

YOUTH REGISTRATION FORM FOR EVERY PERSON UNDER 21 No refunds will be issued Date: _____

Name: _____	
Address: _____	
City: _____	Zip: _____
Name of Chapter / Assembly: _____	Location: _____
Do you presently hold a State Title this year? If yes, please designate: _____	Age: _____
E-mail address (please print): _____	

RELEASE AND CONSENT FORM

Jurisdiction of Texas

1. I, the undersigned Parent or Legal Guardian of, _____ do hereby give my consent and permission from him/her to participate in the **Texas DeMolay Government Day**. They have not been expelled from any Masonic Youth Organization and are not under any penalty of suspension of their membership(s). I understand all activities and events of any duly chartered Chapter, Order of DeMolay, Assembly, or Order of Rainbow for Girls, including any activities or events conducted at the state or jurisdictional level, or by DeMolay International; WITH THE FOLLOWING EXCEPTIONS: (State on line below, if NONE, write NONE.):

2. In the event of injury or illness to the above-named minor, I, the undersigned Parent or Guardian, hereby authorize any adult DeMolay Advisor or Rainbow Advisor in attendance to secure, and any physician in attendance to provide, such emergency medical treatment as shall be deemed necessary by those present; including but not limited to hospitalization, injections, anesthesia, surgery, x-ray, blood, and medications. I understand that every reasonable effort shall be made to contact me before medical treatment.

3. The minor named above is subject to the following medical problems, and/or is receiving treatment under the supervision of proper medical authorities as follows: (State on the line below, if NONE, write NONE):

4. Neither DeMolay International nor the jurisdiction of Texas, Order of DeMolay, or Rainbow maintains any medical insurance for its members. I understand that I will be responsible for any costs of medical treatment incurred by or on behalf of _____. My family health insurance carrier and policy numbers are as follows:

<i>Insurance Company Name</i>	<i>Policy Number(s)</i>	<i>Policy Holder's Name</i>
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5. I, the undersigned Parent or Legal Guardian, AND the undersigned Youth (legal minor) do hereby agree that we will abide by the Statutes, rules regulations, and edicts of the International Supreme Council, Order of DeMolay, and Rainbow Girls and its duly authorized representatives. We agree that, if in the opinion of any DeMolay Advisor or Rainbow Board Member, either of us should be removed or asked to leave any DeMolay activity for violation of the same, the undersigned Parent or Legal Guardian will immediately take the necessary action to cause the transportation of violator from the activity site at the expense of the undersigned Parent or Legal Guardian.

6. We hereby agree to release and hold harmless the DeMolay International, the Grand Master of DeMolay International, and its members together with the Executive Officer, staff members, and Advisors of Texas, Order of DeMolay, from any claims or cause of action which the undersigned has or may have. This specifically includes any plans, which arise out of the attendance at **Texas DeMolay Government Day**, including transportation to and from said event.

7. By signing this form, I give my child permission to fully participate and stay in a hotel room with their delegation. I will not hold Texas DeMolay, DeMolay International, the State Capitol, or any other entity associated with this event liable for medical harm including but not limited to COVID-19. I further agree that my child will follow all the guidelines in place to the fullest extent during the entirety of the event. I furthermore authorize the release of photographs and videos for public use on platforms and publications to promote the activities and the orders thereof.

8. IN THE EVENT OF AN EMERGENCY, AND THE UNDERSIGNED PARENT OR GUARDIAN CAN NOT BE REACHED; THE UNDERSIGNED PARENT OR GUARDIAN HEREBY AUTHORIZES THE FOLLOWING PERSON TO ACT ON THEIR BEHALF:

Name: _____	Phone: _____
Address: _____	Relationship: _____

9. Parent or Legal Guardian: Please provide the following information about yourself:

Your Full Name: _____
 Street & Mailing Address: _____
 City / State / Zip: _____
 Telephone: (Home): _____ (Work): _____

Relationship to Youth: _____

10. If the youth's address is different from the Parent or Legal Guardian, please state on the lines below, (If SAME, write SAME.) _____

Signature of Parent or Legal Guardian

Signature of Youth (legal minor under 21)

Date

TEXAS DEMOLAY GOVERNMENT DAY MEDICAL RELEASE FORM

ADULT REGISTRATION FORM FOR EVERY PERSON OVER 21! No refunds will be issued Date: _____

<i>Name:</i>	
<i>Address:</i>	
<i>City:</i>	<i>Zip:</i>
<i>Name of Chapter / Assembly:</i>	<i>Location:</i>
<i>Do you presently hold a State Title this year? If yes, please designate:</i>	<i>Age:</i> ADULT
<i>E-mail address (please print):</i>	

RELEASE AND CONSENT FORM

Jurisdiction of Texas

1. In the event of injury or illness, I, hereby authorize any adult Advisor in attendance to secure, and any physician in attendance to provide, such emergency medical treatment as shall be deemed necessary by those present; including but not limited to hospitalization, injections, anesthesia, surgery, x-ray, blood, and medications.

I understand that every reasonable effort shall be made to contact my spouse or family before medical treatment.

2. I have the following medical problems, and/or am receiving treatment under the supervision of proper medical authorities as follows: (State on the line below, if NONE state NONE):

3. Neither DeMolay International nor the jurisdiction of Texas, Order of DeMolay, nor Rainbow maintains any medical insurance for its members. I understand that I will be responsible for any costs of medical treatment incurred. My health insurance carrier and policy numbers are as follows:

<i>Insurance Company Name</i>	<i>Policy Number(s)</i>	<i>Policy Holder's Name</i>
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4. I, the undersigned do hereby agree that I will abide by the statutes, rules, regulations, and edicts of the International Supreme Council, Order of DeMolay, and Rainbow for Girls, and its duly authorized representatives. I agree that, if in the opinion of any DeMolay Advisor, or Rainbow Board Member, I will be asked to leave this activity.

5. I hereby agree to release and hold harmless the DeMolay International, the Grand Master of DeMolay International, and its members together with the Executive Officer, staff members, and Advisors of Texas, Order of DeMolay, from any claims or cause of action which the undersigned has or may have. This specifically includes any plans that arise out of the attendance at **Texas DeMolay Government Day**, including transportation to and from said event. I furthermore authorize the release of photographs and videos for public use on platforms and publications to promote the activities and the orders thereof.

6. By signing this form, I will not hold Texas DeMolay, DeMolay International, the State Capitol, or any other entity associated with this event liable for medical harm including but not limited to COVID-19. I further agree that I will follow all the guidelines in place to the fullest extent during the entirety of the event

7. IN THE EVENT OF AN EMERGENCY, AND I AM UNABLE TO ANSWER FOR MYSELF, CONTACT THE FOLLOWING PERSON TO ACT ON MY BEHALF:

Name: _____

Phone: _____

Address: _____

Relationship: _____

Signature of Registrant

Date

JUDGING

We are seeking advisors who wish to volunteer to judge those who speak. This will allow you out of the gallery, and permit you to be on the floor of the house, along the side of the presiding dais. A panel of judges utilizing the attached form for each speaker and delegation will do the judging of the outstanding delegation and speaker for the House and the Senate. Courtesy, knowledge of parliamentary processes, delivery of presentations, poise, and knowledge are also considered and are at the judgment of the judge.

Each individual who speaks will be assigned one sheet, and that same sheet will be repeatedly used for that individual up to 10 times.

(JUDGING SHEET IS ON THE NEXT PAGE)

Speaker: _____

JUNIOR / SENIOR

Chapter / Assembly: _____

(circle one)

(circle one)

<u>PRESENTATION</u>	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th
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Clear Speaking Voice	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Proper Pacing	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Proper Tone	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Appropriate use of	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Language	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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<u>Total Presentation Points</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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BONUS PRESENTATIONS

Proper Procedure used	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Identifies Topic	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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States Position	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Uses Statistics	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Uses References	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Uses Summation	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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<u>Total Bonus Points</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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PENALTY POINTS

Does Not State Name	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Inappropriate Language	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Inappropriate Dress	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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<u>Total Penalty Points</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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<u>TOTAL POINTS</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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JUDGE: _____