

February 8, 2014

Welcome to Virginia Rainbow. I have posted the information for our Grand Assembly Session, July 18-20, 2014. The registration form is two pages and a medical form is also available. We are at The DoubleTree by Hilton, 50 Kingsmill Road, Williamsburg, VA. 23185. You may want to come early, or stay after, to enjoy some of our historical locations that are nearby- we are arranging a Busch Gardens group package for Sunday the 20th. Hotel arrangements can be extended for you.

We are offering a discount of \$50 for any Supreme Officer, Deputy or Inspector, or any Grand Worthy Advisor attending.

The registration due date for out-of-state Rainbow is July 14 (we would love to have any newly appointed Grand Representatives attend our Session.)

Those planning to utilize the Busch Gardens package should plan on the same \$110 a night room rate for Sunday and a \$47 per person day-ticket to Busch Gardens.

Looking forward to seeing you,

Donna Kluefer

Registration Chairman

GRAND ASSEMBLY OF VIRGINIA

“The Ties That Bind” Session

July 18- July 20, 2014

DOUBLETREE HOTEL, WILLIAMSBURG, VIRGINIA

Greetings to friends of Virginia Rainbow:

You are invited to attend the 21st Session of the Grand Assembly of Virginia to be held July 18- 20, 2014, at the DoubleTree Hotel, 55 Kingsmill Road, Williamsburg, VA.

Accommodation Package

4 persons per room	\$252 each person
3 persons per room	\$270 each person
2 persons per room	\$304 each person
1 person per room	\$410 each person

The accommodation package will consist of the following: Friday and Saturday hotel stay, registration fees, Friday lunch thru Saturday Banquet, and fun activities.

Partial Package

If you do not take advantage of the above package, individual prices are as follows:

Registration Fee	\$25
Lodging (per night including tax)	
4 persons per room each person	\$31
3 persons per room/each person	\$40
2 persons per room/each person	\$55
1 person room	\$110
Thursday or Sunday night/per room	\$110
Lunch (Friday, July 18)	\$37
Grand Cross Lunch (Friday, July 18)	\$37
Dinner (Friday, July 18)	\$43
Breakfast (Saturday, July 19)	\$29
Lunch (Saturday, July 19)	\$29
Grand Banquet (Saturday, July 19)	\$48

ALL persons attending **ANY** official session of Grand Assembly **MUST** be registered.

Registration badges **MUST** be worn at all times to all events, including meals.

Registration fees contribute to the rental of the ballroom, piano, etc..

Provision has been made for a day-pass to Busch Gardens on Sunday at a group rate of \$47 each. You may want to extend your hotel stay if you participate.

If you need further information, please contact:

Mrs. Linda Jenkins
Supreme Deputy
12620 Thunder Chase Dr.
Reston, VA 20191
(703) 437-8738
ljjrainbow@mac.com

Mrs. Donna Kluefer
Chairman, Grand Assembly
100 Fairmont Dr.
Staunton, VA 24401
(540) 885-4268
donna.kluefer100@comcast.net

ALL REGISTRATION FORMS AND MONEY DUE June 18, 2014
NO REFUNDS AFTER July 14, 2014

GRAND ASSEMBLY OF VIRGINIA
"The Ties That Bind" Session July 18- July 20, 2014

REGISTRATION FORM - **ONE FORM PER PERSON** - Please **PRINT** Clearly

NAME: _____ ASSEMBLY: _____

HIGHEST TITLE (current or past): _____

ADDRESS: _____

CITY, STATE: _____ ZIP CODE: _____

TELEPHONE: _____ E-MAIL-ADDRESS: _____

RAINBOW GIRL: _____ ADULT (21 years or older): _____ Other Guests: _____

Are you a Grand Cross of Color Member - Yes _____ No _____

I will be attending the Grand Cross Lunch Yes _____ No _____

I WILL ATTEND THE ENTIRE GRAND ASSEMBLY SESSION (July 18 – 20)

Accommodation package rate based upon persons sharing a room includes Friday and Saturday lodging, meals, registration, and fun activities. Thursday or Sunday hotel stays are not included and must be added to the payment.

My roommates will be:

_____ Assembly: _____

_____ Assembly: _____

_____ Assembly: _____

I WILL ATTEND THE FOLLOWING SINGLE EVENTS ONLY (Check all that apply):

Lodging only (Thursday July 17) _____ **Lodging only** (Saturday, July 19) _____

Lodging only (Friday, July 18) _____ **Lodging only** (Sunday, July 20) _____

My roommates will be:

_____ Assembly: _____

_____ Assembly: _____

_____ Assembly: _____

I will need a special meal. Please circle (vegetarian or gluten free).

Registration Fee (All Sessions)		\$25 _____
Grand Cross of Color Luncheon (Friday, July 18)	Check	\$37 _____
Lunch (Friday, July 18)	Appropriate	\$37 _____
Dinner (Friday, July 18)		\$43 _____
Breakfast (Saturday, July 19)		\$29 _____
Lunch (Saturday, July 19)		\$33 _____
Grand Banquet (Saturday, July 19)		\$48 _____
Sunday Busch Gardens day-pass		\$47 _____

TOTAL AMOUNT PAID WITH THIS REGISTRATION FORM: \$ _____

(Make Checks Payable to "Virginia Rainbow for Girls Foundation, Inc.")

If paying as an Assembly make individual checks payable to the Assembly

MAIL REGISTRATIONS TO: Mrs. Donna Kluefer
100 Fairmont Dr.
Staunton, VA 24401

(540) 885-4268 E-Mail – donna.kluefer100@comcast.net

ALL REGISTRATIONS DUE NO LATER THAN June 18, 2014

NO REFUNDS AFTER July 14, 2014

We look forward to having you join us at our "The Ties that Bind" Grand Assembly session.

PLEASE COMPLETE THIS FORM AND RETURN WITH REGISTRATION. THIS FORM IS REQUIRED FOR ALL MINORS, HOWEVER, IT IS OPTIONAL FOR ADULT PARTICIPANTS.

CONSENT AND AUTHORIZATION

I am the (parent) (guardian) of the following participant:

Name _____

Complete Address _____

Telephone _____ **Birth Date** _____ **Age** ____

Doubletree Hotel, Williamsburg, VA, the site of events to be held July 18-July 20, 2014.

MEDICAL/DENTAL AUTHORIZATION

I authorize any adult agent to the International Order of the Rainbow for Girls (“IORG”) or any activity/program sponsored by IORG to stand in my place and stead to administer emergency treatment to, and to obtain ambulance, medical, hospital and/or dental care for participant during the activity and associated travel – all at my expense and on my account.

I authorize any person licensed to practice medicine or dentistry to provide respectively, medical or dental care for participant at my expense and on my account

MEDICAL INFORMATION

I have been informed as to the nature of the activity, and the degree of physical stress involved, if any, and consider participant to be in good health and able to participate safely in the planned activities.

Participant has no limitations, no need for medication or special diet and no allergies other than as stated below: (Specify all limitations, diet, medications and allergies of the participant.)

Medications _____

Special Diet _____

Limitations _____

Allergies _____

INDEMNITY AND RELEASE

In consideration of the benefits to me and the participant and the time and expense to be incurred by the IORG and/or IORG sponsored activity and/or agents of either or both, I (a) agree to hold harmless and indemnify as to any claim or cause of action of participant, participant's parents, guardians, heirs or any of them, and (b) release and agree to release IORG sponsored activity, all agents of either or both and each of them, from any and all liability claims, loss, injury, costs, damages and/or attorney's fees arising directly or indirectly, in whole or part, out of the activity, associated private transportation or any emergency treatment or medical or dental care provided the participant, including but no limited to any claim or cause of action for negligence of IORG sponsored activity, agents of either or both, and /or owners or operators of such private vehicles, or any or all of them.

DATE _____ SIGNATURE _____

HOME PHONE _____ WORK/CELL PHONE _____

PLEASE ATTACH MEDICAL INSURANCE FORM OR COPY OF MEDICAL OR IDENTIFICATION CARD FOR PROVISION OF MEDICAL SERVICES.

FOR ADULT PARTICIPANTS ONLY

I respectfully decline to provide information to the Grand Assembly of VA

Date _____ Signature of adult _____.