

LICENSE TO SERVE



THE 70TH ANNUAL NEW JERSEY  
DISTRICT KEY CLUB CONVENTION

**Bobbie Boettinger**

New Jersey District Treasurer

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**KEY CLUB®**



Throughout Key Club's history and throughout the mighty New Jersey District's history, Key Clubbers have changed the world completely. In commemorating the service and hard work done throughout the service year, we invite you to attend the New Jersey District's 70<sup>th</sup> Annual Key Club District Convention (District Educational & Leadership Conference). You have now been given the license to serve the weekend of April 1<sup>st</sup> – April 3<sup>rd</sup> 2016 at the New Jersey District's 70<sup>th</sup> Annual Key Club District Convention!

Here are some helpful ideas and hints to help make your Registration Process run smoothly:

1. **Start planning with your Advisor and Administration as soon as possible.** Find a plan to help members pay. Determine if your club is able to subsidize a portion of the costs for some or all of your members to attend. If needed, ask your Kiwanis club for financial help as soon as possible.
2. If you need permission from your school principal, administrations, or Board of Education, please ask now. Do not wait until the week before.
3. Plan transportation now, especially if you need a bus from your school or an outside source. It may be easier to share with other area clubs. Contact your Lieutenant Governor to find out about the other clubs in your division's means of transportation.
4. Chaperones are mandatory for this trip. If chaperones need to be found, please start looking now. If you do not have a chaperone, please contact your respective Lieutenant Governor for assistance.
5. If you need to submit a voucher to your school, please do it early. If you need to get the New Jersey Key Club to sign it, send it to District Treasurer Bobbie Boettinger with a self-addressed stamped envelope to the address above. It will be signed and sent back to you. Allow enough time to meet the deadlines. This can be done without enclosing the money. With many more issues to consider, remember to read through the entirety of this packet and mailing to gain a full understanding of the registration process and district convention.

**It is also worth noting that a new policy is being implemented for the 2016 District Convention. It is specifically stated in number thirteen (13) on the next page in the "Registration Guidelines." Please refer to that and contact us should you have any questions.**

All of the enclosed information and the Elections and Scholarship Packets will be posted on the District web site: [www.njkeyclub.org](http://www.njkeyclub.org).

If you have any further questions, please contact your Lieutenant Governor, any member of the Kiwanis Committee, or myself.

Remember to start planning early! We look forward to seeing you at convention!

Bobbie Boettinger  
**Registration Chairperson**

Josie Suddeth  
**District Governor**

Ms. Kaitlin McCann  
**District Administrator**

Mr. Peter Mollo  
**Financial Counselor**

# **Registration Guidelines**

1. **ALL REGISTRATION FORMS MUST BE POSTMARKED BY FRIDAY, MARCH 3<sup>rd</sup>, 2016.** The prices are: **\$285 for Key Clubbers and \$325 for chaperones (double occupancy room) or \$430 for chaperones (single occupancy room).** If your club registers prior to **Friday, February 12<sup>th</sup>, 2016**, you may receive a deduction of \$5 per person. Registrations (check or school voucher) postmarked after February 12<sup>th</sup> **CANNOT** take the \$5 discount.
2. The Club's name and division MUST appear at the top of the page.
3. Please send a NON-REFUNDABLE check(s) or money order (NO CASH) made payable to:  
**"NEW JERSEY DISTRICT OF KEY CLUB."**
4. Vegetarian dishes are included in the buffets.
5. Each club must have one chaperone for every 10 members. If your club is sharing chaperones with another club, it must be indicated on the registration form. You must include the complete contact information of the shared chaperone in order for us to confirm the arrangement.
6. Please indicate the positions held by the 2015-2016 club officers attending convention on the registration form. If elections for the 2016-2017 club officers have been held, please indicate this as well.
7. No incomplete forms will be accepted. Registration forms may be downloaded off of the New Jersey District website, [www.njkeyclub.org](http://www.njkeyclub.org) in PDF Format. However, you may NOT register online. You MUST mail the forms in. Send the completed TYPED OR NEATLY PRINTED Registration Form and Convention Sign-up form with a check or money order to:  

**NJ Kiwanis District Office**  
**120 Morris Avenue**  
**Summit, NJ 07901**

**ATTENTION DCON**

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8. The Parental Consent Form and Medical Questionnaire and Emergency Medical Treatment Authorization Form should be turned in at the Convention Registration Desk upon arrival. (DO NOT MAIL THEM.)
9. The raised seal must be evident in order for emergency treatment. **THESE FORMS MUST BE NOTARIZED.**  
An attorney's signature alone is NOT valid in New Jersey. Key Clubbers without necessary forms will not be permitted to stay.
10. Rooms containing less than four Key Clubbers may be consolidated with other clubs.
11. Once registration has been confirmed, refunds are not permitted. If someone is unable to attend and changes become necessary, contact someone in your club (of the same sex) and make arrangements for them to take that place.
12. By sending in the required forms and payment, you acknowledge all of the above procedures.
13. Upon arrival at Ocean Place, ALL clubs MUST present a copy of the Registration/Payment email confirmation that was sent to the email address specified on the Registration Form. No club will be allowed to register without this email confirmation.

*Please note:* If your club adds members later on, you will be required to submit a new rooming list, any adjustments to the chaperones attending (1 for every 10 Key Clubbers), adult address information and correct payment. All rooming decisions will be made at the discretion of the Convention Registration Committee Chairperson. All decisions are final. Any club who has not paid both International and District dues will not be permitted to attend the convention. If you have any questions, please feel free to contact Bobbie Boettinger, Convention Registration Chairperson, at [treasurer.boettinger@gmail.com](mailto:treasurer.boettinger@gmail.com).

# **Adult Information for Emergency Use**

## **(Required by New Jersey Law)**

To comply with New Jersey law, please print neatly the name, address, and home and work phone numbers of all adult chaperones who will be attending the Convention in the spaces below.

Key Club of \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_

Work Phone (     ) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_

Work Phone (     ) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_

Work Phone (     ) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_

Work Phone (     ) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_

Work Phone (     ) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_

Work Phone (     ) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_

Work Phone (     ) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_

Work Phone (     ) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_

Work Phone (     ) \_\_\_\_\_

# Registration and Rooming Request Form

Key Club of \_\_\_\_\_ Division \_\_\_\_\_

Total number of persons registering:

- Male Key Clubbers \_\_\_\_\_ @ \$285
- Female Key Clubbers \_\_\_\_\_ @ \$285
- Male Chaperones (Double Rate)\* \_\_\_\_\_ @ \$325
- Male Chaperones (Single Rate)\*\* \_\_\_\_\_ @ \$430
- Female Chaperones (Double Rate)\* \_\_\_\_\_ @ \$325
- Female Chaperones (Single Rate)\*\* \_\_\_\_\_ @ \$430

\*CHAPERONES INDICATING M OR F FOR "DOUBLE" WILL BE ROOMED WITH ANOTHER CHAPERONE OF THE SAME GENDER.

\*\*"SINGLE" INDICATES THE CHAPERONE WANTS A "SINGLE" AT THE HIGHER RATE.

\$ \_\_\_\_\_ Total amount of check

If money order enclosed (# \_\_\_\_\_)

*Note: All registration fees must be paid in full before Friday, March 3<sup>rd</sup>, 2016. If registration is postmarked by Friday, February 12<sup>th</sup>, 2016, a discount in the amount of \$5 per attendee can be applied to the prices. Please designate a contact adult and student to answer questions concerning the club's registration.*

Adult Name \_\_\_\_\_ Position \_\_\_\_\_  
Phone(\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_ (for confirmation purposes)  
if you would like a hard copy confirmation check here \_\_\_\_\_

Student Name \_\_\_\_\_ Position \_\_\_\_\_  
Phone(\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_ (for confirmation purposes)  
if you would like a hard copy confirmation check here \_\_\_\_\_

## ADVISOR ROOMING:

- Please circle the appropriate designations – M F C D S (male, female, couple, double, single).
- Chaperones rooming with another adult from another school should list the other adult's name and school in parenthesis. If no name is listed and a chaperone requests a double room, they will be roomed with another chaperone of the same gender.
- Child rate for young children accompanying their parent chaperones:  
Age 4 & under - free; Age 5-11- \$130.00 (includes meals). Please list child's name, age, and gender on form.

ROOM # 1:

M F C D S      Name: \_\_\_\_\_  
Name: \_\_\_\_\_

ROOM # 2:

M F C D S      Name: \_\_\_\_\_  
Name: \_\_\_\_\_

ROOM # 3:

M F C D S      Name: \_\_\_\_\_  
Name: \_\_\_\_\_

ROOM # 4:

M F C D S      Name: \_\_\_\_\_  
Name: \_\_\_\_\_

ROOM # 5:

M F C D S      Name: \_\_\_\_\_  
Name: \_\_\_\_\_

ROOM # 6:

M F C D S      Name: \_\_\_\_\_  
Name: \_\_\_\_\_

PLEASE NOTE: CLUBS SHARING CHAPERONES WILL BE ROOMED WHEN THE LATER CLUB'S MATERIALS ARE RECEIVED

## KEY CLUBBER ROOMING

- Please place Key Clubbers in rooms of four. There will not be any rooms of five, as Ocean Place does not allow it. If you have less than four in a room, other key clubbers of the same sex may be placed in the room.
- Please indicate the positions of current club officers; President = P, Vice President = VP, Secretary = S, Treasurer = T, Editor = E. **If elections for the 2016-2017 club officers have been held, please place an asterisk (\*) next to the officer designation.**
- For purposes of photocopying, please **TYPE OR PRINT** all registration materials.
- Feel free to copy this form if additional forms are needed.

### Male Key Clubbers:

### Officer

1. _____	_____
_____	_____
_____	_____
2. _____	_____
_____	_____
_____	_____
3. _____	_____
_____	_____
_____	_____
4. _____	_____
_____	_____
_____	_____
5. _____	_____
_____	_____
_____	_____
6. _____	_____
_____	_____
_____	_____
7. _____	_____
_____	_____
_____	_____
8. _____	_____
_____	_____
_____	_____
9. _____	_____
_____	_____
_____	_____
_____	_____

### Female Key Clubbers:

### Officer

1. _____	_____
_____	_____
_____	_____
2. _____	_____
_____	_____
_____	_____
3. _____	_____
_____	_____
_____	_____
4. _____	_____
_____	_____
_____	_____
5. _____	_____
_____	_____
_____	_____
6. _____	_____
_____	_____
_____	_____
7. _____	_____
_____	_____
_____	_____
8. _____	_____
_____	_____
_____	_____
9. _____	_____
_____	_____
_____	_____
_____	_____

# CONVENTION SIGN-UPS

(This form must be typed or written neatly)

## Sergeant-At-Arms

Each club must appoint two to four members to serve on this committee.

No committee member is exempt from any of the Convention Rules. Please select Sergeant-At-Arms carefully.

The Key Club of \_\_\_\_\_ in Division \_\_\_\_\_  
does hereby authorize the following people as members of the committee on Sergeant-At-Arms.

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_
2. Last Name \_\_\_\_\_ First Name \_\_\_\_\_
3. Last Name \_\_\_\_\_ First Name \_\_\_\_\_
4. Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Signature \_\_\_\_\_ Position \_\_\_\_\_  
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## Delegates

The Key Club of \_\_\_\_\_ does hereby authorize the following member(s) to act as delegates.

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_
  2. Last Name \_\_\_\_\_ First Name \_\_\_\_\_
- 

## Judges

In the past, chaperones have served as judges in contests. If a chaperone is interested, please complete this section.

Name \_\_\_\_\_ Key Club of \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (      ) \_\_\_\_\_

Work Phone (      ) \_\_\_\_\_

\_\_\_\_\_ I am willing to serve as a judge for any contest.

\_\_\_\_\_ I would like to judge one or more of the following: (circle all that apply)

* Achievement	Oratorical	Essay	Talent	Scrapbook
* Single Service	* K-Relations	* Club Bulletin	* Theme and Major Emphasis	

\* These contests will be judged in early March 2016.

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## Talent

Key Club of \_\_\_\_\_ Name of Act \_\_\_\_\_

Act Classification \_\_\_\_\_ Number of members involved \_\_\_\_\_

Equipment (check one): \_\_\_\_\_ club will supply \_\_\_\_\_ needed (if needed, please list)

\_\_\_\_\_  
Name \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*Be sure to complete the Talent Contest Form if you are interested in performing\*\*\*\*\*

# NEW JERSEY DISTRICT OF KEY CLUB INTERNATIONAL

## 2016-2017 CLUB OFFICER ROSTER

All clubs are expected to hold elections for the 2016-2017 service year prior to the District Convention. This is important so that the new officers can receive proper training at Convention. It is clearly beneficial for your club to have its new officers and advisors in attendance at the District Convention. **In order to attend District Convention, this form MUST be either mailed prior to or Turned in at the Convention Registration desk upon your arrival at Ocean Place. For those clubs not attending, please mail this form by March 12<sup>th</sup>, 2016.** We need this information to communicate with you. Return this sheet by mail to: NJ Kiwanis District Office, 120 Morris Avenue, Summit NJ 07901 or E-mail in a word document to [kaitlin363@yahoo.com](mailto:kaitlin363@yahoo.com). You may download off the District Website.

Key Club of \_\_\_\_\_  
 Sponsoring Kiwanis Club \_\_\_\_\_  
 School \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Principal's Name \_\_\_\_\_

Office	Name	Street	City	Zip
<hr/>				

**President**

Phone No. (____) _____	Email _____	Grade _____	Gender _____
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*Vice President*

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Phone No. (____) _____	Email _____	Grade _____	Gender _____
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*Secretary*

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Phone No. (____) _____	Email _____	Grade _____	Gender _____
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*Treasurer*

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Phone No. (____) _____	Email _____	Grade _____	Gender _____
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*Editor*

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Phone No. (____) _____	Email _____	Grade _____	Gender _____
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*Faculty Advisor*

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Phone No. (____) _____	Email _____	Grade _____	Gender _____
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*Kiwanis Advisor*

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Phone No. (____) _____	Email _____	Grade _____	Gender _____
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## PARENTAL CONSENT FORM

I, \_\_\_\_\_, do hereby grant permission for my son/daughter, \_\_\_\_\_, to attend the annual convention of the New Jersey District of Key Club International at Ocean Place Resort & Spa, Long Branch, New Jersey on April 1<sup>st</sup> – April 3<sup>rd</sup>, 2015. I am aware of the rules of conduct governing this convention and I agree to release and hold the New Jersey District of Key Club International, the New Jersey District of Kiwanis International, and all chaperones and advisors completely and fully harmless from any obligation or responsibility.

I have discussed this agreement with my son/daughter and have made him/her aware of his/her responsibilities. I understand that should my son/daughter violate any rules of conduct, he/she will be sent home at my expense.

I also understand that no one other than me accepts any legal responsibility for my son/daughter.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

HOME PHONE (       ) \_\_\_\_\_ WORK PHONE (       ) \_\_\_\_\_

IN CASE OF EMERGENCY, CONTACT \_\_\_\_\_

HOME PHONE (       ) \_\_\_\_\_ WORK PHONE (       ) \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2016.

\_\_\_\_\_, Notary Public of the County of \_\_\_\_\_

In the State of \_\_\_\_\_.

SEAL

My Commission Expires: \_\_\_\_\_.

Key Club Member: submit this form to your advisor. This form, as well as the Medical Questionnaire and Emergency Treatment Authorization Form, should be notarized and brought to the Convention Registration Desk upon arrival. No Key Club member will be permitted to attend convention without this form.

Key Club: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

# MEDICAL QUESTIONNAIRE AND EMERGENCY MEDICAL TREATMENT AUTHORIZATION FORM

*Please type or print. This form is required for all minors attending the New Jersey District Key Club Convention and must be completed by a parent or guardian. This form must be notarized with a RAISED seal and turned in at the Convention Registration Desk by your Faculty Advisor.*

Key Clubber's Name \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_  
(Street) (City) (State) (Zip code)

Person to be contacted in case of emergency \_\_\_\_\_  
Relationship to student \_\_\_\_\_ Home Phone (     ) \_\_\_\_\_ Work Phone (     ) \_\_\_\_\_  
Alternate contact \_\_\_\_\_  
(Name) (Relationship) (Phone)

Name of Doctor \_\_\_\_\_ Phone Number (     ) \_\_\_\_\_  
Doctor's Address \_\_\_\_\_  
(Street) (City) (State) (Zip code)

Name of Health Insurance Co. \_\_\_\_\_ Policy Number \_\_\_\_\_  
List any other pertinent information shown on insurance card \_\_\_\_\_

**Please Answer Yes or No:**

1. Will your son or daughter be taking drugs or medication of any type during convention? \_\_\_\_\_

2. Has he/she ever been treated for: (if currently being treated, please indicate)

A. Nervousness? _____	H. High Blood Pressure? _____
B. Any Mental Disorder? _____	I. Severe or Frequent Headaches? _____
C. Convulsions or Epilepsy? _____	J. Asthma? _____
D. Fainting Spells? _____	K. Ulcers? _____
E. Heart Condition? _____	L. Diabetes? _____
F. Rheumatic Fever? _____	M. Allergic Reaction to Medication? _____
G. Cancer or Tumor? _____	N. Any Other Allergies or Illnesses? _____

3. Does he/she have any other physical limitations? \_\_\_\_\_

Give details of yes answers to any of the questions above. Give dates of treatment, names, and addresses of attending physicians, hospitals, and clinics. (Use reverse side if necessary.)

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**Please Read Carefully:**

I hereby certify that the information given above is correct. In case of medical emergency, I understand that every effort will be made to contact the person designated above. In the event that the person cannot be reached, or time does not permit, I hereby give permission to a licensed physician to provide proper treatment for, including hospitalization, immunization or injection, anesthesia or surgery for my son/daughter.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 2016. **SEAL**

\_\_\_\_\_, Notary Public of the County of \_\_\_\_\_

In the State of \_\_\_\_\_. My Commission Expires \_\_\_\_\_.

# NEW JERSEY DISTRICT KEY CLUB CONVENTION

## RULES AND REGULATIONS

The following rules and regulations have been adopted to ensure the safety, comfort, and pleasure of all participants at the convention. Infractions of the Convention Rules will be reported to the Sergeant-At-Arms Committee and Kiwanis Committee members in charge and could result in dismissal from the convention, disciplinary action against any individual, and the loss of future convention privileges.

1. **NO** alcoholic beverages or drugs [not prescribed by a physician] will be permitted in the possession of any Key Clubber. The legal drinking age in New Jersey is 21 and the hotel will do everything in its power to protect itself and its business. **The hotel security staff has the OBLIGATION AND RIGHT to apprehend violators and turn them over to the New Jersey State Police.**
2. A retiring hour of 12:00 a.m. will be strictly enforced. Key Clubbers **MUST** be in their rooms at this retiring hour and remain there until 6:00 AM.
3. Caution should be taken not to deface any hotel or personal property belonging to another individual or club. Everyone is responsible for their own room as well as the consequences of their own actions.
4. Gambling, the use of fireworks, water fights, etc. is unacceptable. In brief, any improper behavior will not be tolerated, and may result in the dismissal of an individual or club with the possibility of awards revoked for rule infractions.
5. Smoking will not be permitted by anyone at **ANY TIME** during the convention.
6. Attendance is mandatory at all General Sessions, Caucuses, and Workshops. No participants should be in their rooms, hallways, or any other area during these meetings.
7. Appropriate dress (collared shirt, tie, and dress slacks for males; dress outfits for females) is required at all meals, meetings, caucuses, workshops, and House of Delegates. For males, jackets are recommended. **NO** sweatshirts, T-shirts, jeans, shorts, beachwear, athletic footwear, and sneakers are permitted at above session; unless otherwise noted by the New Jersey District. Neat dress is in order at all times. Please note that this regulation applies to **all** attendees of the New Jersey District Key Club Convention, **including advisors and chaperones.**
8. Any and all fundraising by clubs or individuals is strictly prohibited during the entire convention, with the exception of District Board sponsored fundraising projects.
9. The New Jersey District will not be responsible for damage to personal or club property during the convention or cost of sending Key Clubbers **HOME**.
10. No female Key Clubber will be allowed in the room of a Male Key Clubber, and no male Key Clubber is allowed in the room of a female Key Clubber, unless an adult advisor is present.
11. The chaperone requirement is one adult advisor (21 or over) per 10 Key Clubbers. Clubs with both male and female members should have both male and female chaperones. Schools wishing to share chaperones should make the arrangements prior to registering, so they can be roomed together. Please indicate on the registration form if you are sharing chaperones.
12. Every member will respect the authority of the Sergeant-At-Arms Committee.

**ADVISORS ARE EXPECTED TO REVIEW THESE RULES WITH KEY CLUBBERS! WE ALSO ASK ADVISORS TO SET AN EXAMPLE BY FOLLOWING THE ABOVE RULES.**

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Key Clubber's Signature

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Parent's Signature

**\*\* Please note that signing the above lines implies that the Key Clubber agrees to obey the aforementioned rules and acknowledges that violations of these rules can result in the ejection of the Key Clubber from the New Jersey District Key Club Convention. The Parent/Guardian acknowledges their obligation to provide transportation back from the Convention center if a violation or ejection occurs. \*\***