



# 2024 Iowa District JOI Convention Registration and Housing

March 16, 2024 @ Valley Community Center  
4444 Fuller Rd. West Des Moines, IA 50265



Iowa District

Name: \_\_\_\_\_  
(Select one) Youth Member  Advisor  Chaperone

Club Name: \_\_\_\_\_ Club Office: \_\_\_\_\_  
(Member if not officer)

Home Address: \_\_\_\_\_  
Street Address City State Zip

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Relationship Phone

Name of Chaperone: \_\_\_\_\_

Special Needs:(example-vegetarian) \_\_\_\_\_

T-SHIRT SIZE Adult Small Medium Large X-Large XX-Large XXX-Large

COST \$40.00 per person

Includes lunch, snacks, drawstring bag, and Convention t-shirt.

**ALL FEES ARE DUE NO LATER THAN March 1<sup>st</sup> to guarantee a t-shirt**

\*NO REFUNDS! You may substitute, if needed.

\*Lodging is for same gender in room

Checks payable to: Iowa District Optimists  
505 North Street  
Underwood, IA 51576

\*There should be 1 chaperone per 6 JOI members

ITEMS TO BRING: Club banner, casual clothes, gym shoes, speech (if running for office), camera, if desired. Western Wear Contest

Block of rooms for March 15 at Country Inn & Suites, 1350 N.W. 118<sup>th</sup> Street, Clive, Iowa 50325 if you want to come in on Friday. 515-223-9254 ask for "Iowa JOI Jr. Optimists" room block. \$119 plus tax. Cutoff date is March 1, 2024. No scheduled activities for March 15.



Like us on facebook: Iowa District JOI Club

**Iowa District JOI Clubs**

Parent/Guardian Permission Form

Print name of Participant: \_\_\_\_\_

JOI Club Name: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

Print name of Club Advisor: \_\_\_\_\_

I give permission for my son or daughter to participate in the Iowa District JOI Convention being held at the Valley Community Center, 4444 Fuller Road, West Des Moines, IA 50265, March 16<sup>th</sup>, 2024.

I also give permission to seek appropriate medical treatment for the circumstances, including but not limited to the attention of a medical doctor on behalf of my child and/or hospital visits. The undersigned hereby release and discharge the advisors listed above from any and all claims, demands, suits, actions or causes of action which we/I may or shall have by reason of any illness, injury or accident, incurred or suffered by the above named participant in traveling and attending this event and while on the premises of the event site or participating in event and traveling activities regardless of how caused.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone number: \_\_\_\_\_ Cell Home (circle one)

Participant allergies and/or prescriptions required: \_\_\_\_\_

\_\_\_\_\_

All advisors are to keep this with them at convention

Cut off on line and keep bottom portion

-----

Advisor(s) Signature: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

JOI District Convention at Valley Community Center, 4444 Fuller Road, West Des Moines, IA 50265, March 16<sup>th</sup>, 2024.