



2025 Iowa District JOI Convention Registration and Housing Information

\*March 29, 2025 @ West Des Moines Public Library  
4000 Mills Civic Parkway. West Des Moines, IA 50265



IOWA DISTRICT JUNIOR OPTIMISTS

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

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

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

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

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

Name of Chaperone: \_\_\_\_\_  
**\*There should be 1 chaperone per 6 JOI members**

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

Please Circle

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

COST \$40.00 per person  
Includes lunch, snacks, swag, and Convention t-shirt.

**ALL FEES ARE DUE NO LATER THAN March 7th to guarantee a t-shirt**

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

Checks payable to: Iowa District Optimists  
1527 Avenue C  
Fort Madison, IA 52627

ITEMS TO BRING: Club banner, casual clothes, comfy shoes, speech (if running for office)  
Costume for Contest

We have a block of rooms for Friday, March 28, at Country Inn & Suites, 1350 N.W. 118<sup>th</sup> Street, Clive, Iowa 50325. Rooms are Double queens for sharing. \$125 plus tax  
Reserve on line: <https://www.choicehotels.com/reservations/groups/PS19T7>  
OR Call 515-223-9254. Ask for "Iowa JOI Jr. Optimists" room block..

**CUTOFF for this rate is March 7.**



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 West Des Moines Public Library, 4000 Mills Civic Parkway, West Des Moines, IA 50265 on March 29<sup>th</sup>, 2025.

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: \_\_\_\_\_ (circle one) Cell Home

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

\_\_\_\_\_

All advisors are to keep this with them at convention

Cut off on dotted line and keep bottom portion

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

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

JOI District Conference at the West Des Moines Public Library, 4000 Mills Civic Parkway, West Des Moines, IA 50265 on March 29<sup>th</sup>, 2025.