

**Welcome!** The 78th Grand Assembly of Illinois will convene July 17 - 19, 2009, at the Hilton Springfield, 700 East Adams St., Springfield, IL 62701.

Rainbow Girls attending Grand Assembly must wear dresses or skirts and blouses to the sessions. Appropriate casual wear may be worn while at Grand Assembly in the evenings at the close of sessions. Grand Cross Ribbons should not have merit bars or charms pinned on them

Any visiting Grand Worthy Advisor or Grand Representative to Illinois will receive one complimentary formal diner dance ticket.

### **SCHEDULE**

A detailed program will be available when you arrive at Grand Assembly.

**Friday, July 17**

11:00 AM	Service to Rainbow Ceremony
11:30 AM	Grand Cross of Color/Service Luncheon
1:00 PM	Grand Cross of Color Degrees
6:30 PM	Formal Opening Ceremonies (Closed Meeting)

**Saturday, July 18**

8:30 AM	Initiation
12:30 PM	Election of Grand Line Officers (Closed Session)
5:30 PM	Reception for Distinguished Guests
6:00 PM	Line-up of Distinguished Guests for Grand March
6:30 PM	Formal Dinner Dance

**Sunday, July 19**

8:30 AM	Closing
3:00 PM	Installation

Enclosed is a medical history and release form. A completed form must be turned in at the registration desk for every active Rainbow Girl attending Illinois Grand Assembly

We look forward to greeting you in Illinois. If we can be of any help or if you have any questions, please contact us.

Miss Jessica Dalheim  
Supreme Deputy  
1725 W. Jackson  
Springfield, IL 62704  
Phone: (217) 726-8236

Jim and Carol Nelson  
General Chairmen  
1306 DeSoto Dr.  
O'Fallon, IL 62269  
Phone: (618) 632-3417

## Illinois Assembly 2009 Registration Information

Be sure to read this information carefully before you fill out your registration forms. If you do not have enough registration sheets, feel free to make copies.

The enclosed form is to be typed or printed. Return the original by **June 1<sup>st</sup>** and keep a copy for your files. Do not send cash, but make **one** check, payable to "**Rainbow for Girls, Illinois**", for the entire assembly.

**All requests for refunds must be in by June 30<sup>th</sup>.** Refund checks will be distributed at Grand. No refunds will be given to people who have not submitted their request in writing, or email, by June 30<sup>th</sup>.

**Mother Advisors: You are the only one who will be allowed to pick up your Assembly's registration envelope, unless you designate someone on your registration form.** The Mother Advisors name is to be on the bottom of the page in contact information, if you want someone other than the Mother Advisor to be able to pick up the Assembly packet at Grand, the proxies name needs to be in the Mother Advisor Proxy field on the form.

**The registration fee is \$10, if paid by June 1<sup>st</sup>. After June 1<sup>st</sup> the registration fee is \$20. A registration fee is required of every person attending closed sessions. People attending only the Grand Cross/Service Luncheon and Degrees must also register.**

**The meal plan is mandatory.** It includes dinner on Friday night, breakfast, lunch and Dinner Dance on Saturday, and breakfast and lunch on Sunday. Vegetarian and Gluten Free meals are only available if requested in advance on the registration form. The cost of the meal plan is \$88.

Thursday's dinner is not included in the meal plan. We will be having a Block Party on the roof of the parking garage at the Hilton. There will be a \$5 charge for those attending.

For those attending only the formal dinner dance on Saturday evening, the cost will be \$22. The Grand Cross / Service Luncheon for Recipients and Designates, which will be held at 11:30 AM on Friday, is an additional \$20. Purchase of these separate tickets should be on the assembly's registration sheet.

Follow the sample in this letter as to how to fill out the amount of money, etc. Please do not fill in the columns with an "X", but place the proper amounts as shown in the example.

As you list names, please list first names first. Also, please list girls according to their highest office. Please, indicate if the girls are Grand choir, Pages, Hostesses, or Co-Editor, along with the station they are holding. Check the WA/PWA column if they will be attending the WA/PWA luncheon. When listing an adult give only their Rainbow title. **Do not list any of your Grandies as they will be receiving their own registration form.** If your assembly pays for the Grand Cross / Service Luncheon for your Grandie, please give her the money. She should include her Grand Cross / Service Luncheon reservation on her registration form. **Grandie Parents should register with the Assembly.**

Enclosed is a Medical History and Release form. **This form is required to be completed and turned in with your registration.** All Rainbow Girls attending Grand Assembly **MUST** submit a completed witnessed or notarized form.

Debbie & Barry Carney  
2784 Old Peoria Ct.  
Bloomington, IL 61705  
Ph: 309 827-8866  
Email: ILGrandReg@barrycar.com

# Illinois Grand Assembly Registration Form

Make Checks Payable to: **Rainbow for Girls, Illinois**  
**Return By June 1, 2009 TO:**

**International Order of Rainbow for Girls**  
**Hilton Hotel - Springfield, IL**  
**July 17-19, 2009**

Debbie Carney  
 2784 Old Peoria Ct.  
 Bloomington, IL 61705

Ph: 309 827-8866 Email: ILGrandReg@barrycar.com

Assembly Name/Jurisdiction:				No:		City:									
#	Name	Youth Title or Adult Title	X 11 - 13 Yr. Old	G/A Girl or Adult	X WA/ PWA Lunch	\$10 Registration - \$20 after June 1st	\$88 * Meal Plan	\$20 Grand Cross/ Service	\$5 Evening Cookout	\$22 Extra Dinner Dance	\$3 Dance Only	V Vegetarian G Gluten Free	X Bowl Thursday	X Bowl Observer Thursday	T Shirt Size
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
Totals															

Total Money Due: \_\_\_\_\_

- \* Meal Plan includes meals starting Friday night thru Sunday Lunch and includes the dinner dance.
- \* Meal Plan is Mandatory for anyone staying Friday and Saturday night.

Mother Advisor Proxy: \_\_\_\_\_

**Contact Information:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

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1	Jill Smth	Grand Faith		G	X	10	88	20	5			V	X		M
2	Bob Smith	Adisory Board		A		10	88	20	5					X	L
3	Jane Smith			A		10				22		V			M
4	Mary Rainbow	Chior	X	G		10	88		5			G	X		S
5	John Rainbow			A		10				22					
6															
7															
8															
9															
10															
<b>Totals</b>						\$50	\$264	\$40	\$15	\$44	\$0				

Sample

Total Money Due: \$413

\* Meal Plan includes meals starting Friday night thru Sunday Lunch and includes the dinner dance.

\* Meal Plan is Mandatory for anyone staying Friday and Saturday night.

Mother Advisor Proxy: \_\_\_\_\_

**Contact Information:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

**OUT OF STATE HOUSING FORM  
ILLINOIS GRAND ASSEMBLY  
ORDER of the RAINBOW for GIRLS  
JULY 17 - 19, 2009**

**HILTON HOTEL  
700 EAST ADAMS STREET  
SPRINGFIELD, ILLINOIS 62701-1601**

Name of State: \_\_\_\_\_

Dormitory:	4 to a room	\$21.25 plus 12% tax per person, per night (\$23.50)
	3 to a room	\$28.33 plus 12% tax per person, per night (\$31.73)
Single Room:		\$85.00 plus 12% tax per night (\$95.20)
Double Room:		\$85.00 plus 12% tax per night (\$95.20)

**ALL CHARGES ARE TO BE PAID AT CHECKOUT**

Please give the name, title, address, zip code and phone number for each person attending. Each "Group" is a room, so if more than one room is required, please be sure to separate girls and adults into the appropriate groups to show who you'd like housed together. Use additional sheets if necessary.

GROUP 1			
	NAME	TITLE	ADDRESS and PHONE with Area Code
1			
2			
3			
4			

GROUP 2			
	NAME	TITLE	ADDRESS and PHONE with Area Code
1			
2			
3			
4			

GROUP 3			
	NAME	TITLE	ADDRESS and PHONE with Area Code
1			
2			
3			
4			

MODE OF TRANSPORTATION: \_\_\_\_\_ (BUS, PLANE, CAR, ETC.)

DATE/TIME OF ARRIVAL: \_\_\_\_\_

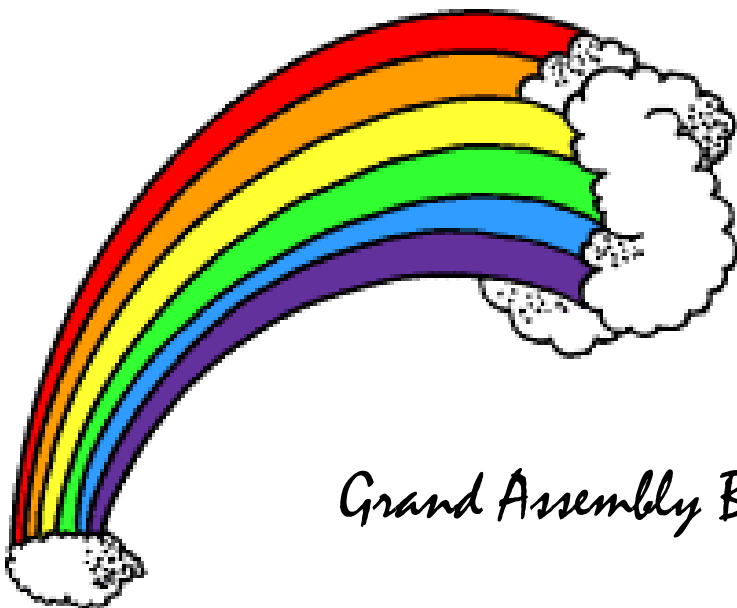
DATE/TIME OF DEPARTURE: \_\_\_\_\_

CONTACT NAME AND PHONE NUMBER: \_\_\_\_\_

**MAIL TO: LESLIE CROWE, HOUSING CHAIRMAN, 710 E. THOMAS ST., ARLINGTON HEIGHTS, IL 60004  
DUE BY JUNE 1, 2009**

**847-590-5808**

Rainbow.....Bowling.....Rainbowling!



FUN!

FUN!

## Grand Assembly Bowling Night

Thursday, July 16<sup>th</sup> 8:45 p.m. to Midnight



Laketown AMF Lanes  
(Strike-n-Spare East)

3220 Stanton Ave. (Corner of Stevenson Dr. & Stanton)  
Springfield, IL

Transportation to and from provided by Grand Assembly.

Register now!! See your Grand Assembly Registration  
Form!!

Snack Bar will be open, so bring extra \$\$ !

Includes up to 3 games and shoes! Bring your own ball, if you have one!





**Bring your Pennies and your  
Assembly Banner  
for the  
Rainbow Banner and Penny Parade  
Friday evening following the  
Opening Session**



**Help support  
Kayla's Grand Charity  
Victory Junction Gang  
Camp**



# Baby-Sitting



**For this first time, Grand Assembly will be offering a babysitting service! MAMA is going to be offering this service to kids of all ages during CLOSED sessions. Of course Rainbow girls will need to be IN the sessions! We will providing different games & activities to entertain the kids! The room will open a half hour before the closed sessions starts & close a half hour after session ends. If the kids want to bring a toy/game of their own, this is fine, please just be sure it is labeled. Also, if the child is NOT potty trained, you must provide the supplies, as we will not have them. Also, we ask that if you do use this service you do stay IN the hotel, so we can locate you if necessary. Sign up & forms will be at Grand Assembly. Leah Gibbs will be heading up this event at Grand Assembly, please contact her or myself with any questions!**

**Lisa Jorstad, President, MAMA**

Leah Gibbs: [lgibbs5600@sbcglobal.net](mailto:lgibbs5600@sbcglobal.net)

Lisa Jorstad: [charity9900@yahoo.com](mailto:charity9900@yahoo.com) or 630.287.2551

This year at Grand Assembly, MAMA will be holding the annual DRESS EXCHANGE! Remember to stop by the Coat Room & get a new-to-you dress! If you have dresses you want to donate, bring them there also!

**On Saturday of Grand Assembly, there will also be the FREE Hair Salon (Donations are Accepted!) You can stop by & get your hair done for Grand Banquet between 2:30—5pm (times subject to change depending on the afternoon Session length!)**

*If you are or will be a Majority Member of Rainbow, please join MAMA at our annual meeting at Grand Assembly following the banquet on Saturday. We would love to have new members. There will also be special tables reserved for member of MAMA at lunch on Sunday!!*

**M.A.M.A.**

MARY ALICE MAJORITY ASSOCIATION

QUESTIONS: Please contact :

Lisa Jorstad, President of MAMA, [charity9900@yahoo.com](mailto:charity9900@yahoo.com) or 630.287.2551 OR

Teri Gestautus, Vice President of MAMA (soon to be President),  
[janiesmom@hotmail.com](mailto:janiesmom@hotmail.com) or 708.526.3161

# Let's Party it up on the Parking Garage Rooftop! Grand Assembly Block Party 2009 Make sure *YOUR* Assembly is represented!



What: Grand Assembly Block Party!

When: Thursday, July 16th, 2009, during the cook-out

Where: Hilton Springfield Parking Garage Rooftop

**We are asking every Assembly to host a Block Party booth during the cook-out at Grand Assembly.**

This Block Party will be whatever you want to make it! We suggest that each Assembly come up with an idea for their booth. You can have a theme, create a carnival game to play, or just make it a place for everyone to come and visit you and get to know your Assembly!

We'd also like to start a **new ILLINOIS TRADITION** by incorporating a time-old **Supreme Assembly tradition—SWAPS!**

**What is a Swap you ask?** It's any type of small object (food, candy, trinket, pin, toy, card) that you can trade with other Rainbow Girls. Feel free to make/bring swaps so that you can swap fun little trinkets with all of your Rainbow sisters. Be sure to put your name and Assembly on it, so they know where it came from and you can keep in touch! **Bring your SWAPS to the Cook-out and Block Party!**

**For More  
Info:**

Contact

**Kelly Goodpaster**

Cell: (309) 235-4621

Email: [onesmallone@gmail.com](mailto:onesmallone@gmail.com)

or Facebook!

**SWAPS!**

**Illinois Rainbow Health Form**

Name \_\_\_\_\_

Birth date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Home

Work

Cell

Pager

**EMERGENCY CONTACTS**

1. \_\_\_\_\_

name

home phone

alternate way to contact

2. \_\_\_\_\_

name

home phone

alternate way to contact

**MEDICAL HISTORY**

Diabetes \_\_\_\_\_ Epilepsy/seizures \_\_\_\_\_ HTN \_\_\_\_\_

Cardiac \_\_\_\_\_ Lung Disease \_\_\_\_\_ Asthma \_\_\_\_\_

Renal Disease \_\_\_\_\_ Cancer \_\_\_\_\_ Ulcers \_\_\_\_\_

Thyroid \_\_\_\_\_ Chickenpox \_\_\_\_\_ Measles/Mumps \_\_\_\_\_

Swimmer's ear \_\_\_\_\_ Ear infections \_\_\_\_\_

Cold/Cough/Sore Throat (last 2 weeks) \_\_\_\_\_

Pertinent family history \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PAST HOSPITALIZATIONS/SURGERIES**

Please include month and year

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMMUNIZATIONS**

Up to date: yes/no

Last Tetanus: \_\_\_\_\_

**RESTRICTED ACTIVITIES**

**ALLERGIES** (please include child's reactions)

Meds \_\_\_\_\_ Food \_\_\_\_\_ Contact \_\_\_\_\_ Latex \_\_\_\_\_

List: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS:**

(Please bring all medications in original bottle we must know about everything including over the counter medications (see reverse for specific over the counter medications))

Medication    dose    frequency    use

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOME DIET:**

Home diet: \_\_\_\_\_

Please list all special diet requirements (i.e.

Vegetarian, dairy intolerance, no caffeine, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRIMARY PHYSICIAN:** \_\_\_\_\_  
\_\_\_\_\_

**ADDRESS**

**PHONE**

**INSURANCE:** \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Parental Suggestions:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION:** This health history is correct so far as I know, and the person herein described has permission to engage in all activities, except as noted by me. I understand that the Illinois Rainbow Registered Nurse and Certified First-Aiders who will give care for usual & common medical issues and refer to the doctor on call as needed, should such an occasion arise.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**MEMBER SIGNATURE:** \_\_\_\_\_

**PLEASE COMPLETE REVERSE SIDE OF THE FORM**

**Illinois Rainbow Health Form**

Illinois Rainbow has my permission, should the need arise, to administer the following over the counter medications to my child, \_\_\_\_\_, (note, generic brand medications will be given):

- |  |   |
|--|---|
| <input type="checkbox"/> Acetaminophen (Tylenol)     | <input type="checkbox"/> Ibuprofen (Advil, Motrin)    |
| <input type="checkbox"/> Naproxen (Aleve)            | <input type="checkbox"/> Sinus/Allergy Tabs (Sudafed) |
| <input type="checkbox"/> Diphenhydramine (Benadryl)  | <input type="checkbox"/> Cough Syrup (Robitussin)     |
| <input type="checkbox"/> Calamine lotion             | <input type="checkbox"/> Maalox                       |
| <input type="checkbox"/> Mylanta                     | <input type="checkbox"/> Milk of Magnesia             |
| <input type="checkbox"/> Tums                        | <input type="checkbox"/> After bite bug bite relief   |
| <input type="checkbox"/> Rhuli Gel (Itch relief)     | <input type="checkbox"/> Triple antibiotic ointment   |
| <input type="checkbox"/> Cortisone 10 cream          | <input type="checkbox"/> Midol (menstrual relief)     |
| <input type="checkbox"/> Chloraseptic spray/lozenges | <input type="checkbox"/> After sun (sun burn relief)  |

Signed: \_\_\_\_\_, Parent / Legal Guardian Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.

The following **OPTIONAL** Emergency Authorization is suggested by Local Hospitals

AUTHORIZATION FOR EMERGENCY MEDICAL AND/OR SURGICAL TREATMENT FOR A MINOR CHILD AND DESIGNATION OF PERSON AUTHORIZED TO GIVE SUBSTITUTE CONSENT FOR TREATMENT OF A MINOR CHILD

KNOW ALL MEN BY THESE PRESENTS that I (we), of (city) \_\_\_\_\_, In the County of \_\_\_\_\_ and State of Illinois, do hereby direct the Local Hospital to accept the consent of Illinois Rainbow Leaders, an adult, for any and all medical treatment which may be needed by my child, \_\_\_\_\_, when I (we) am (are) unavailable and efforts to contact me (us) are unsuccessful. I hereby authorize Illinois Rainbow Leaders, to make any and all necessary health care decisions on behalf of my child which may be required during my daughter's attendance at Illinois Rainbow for 2008.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

DATE \_\_\_\_\_

WITNESS **OR** NOTARY

\_\_\_\_\_  
SIGNATURE OF WITNESS **OR** NOTARY

DATE \_\_\_\_\_

\_\_\_\_\_  
Relationship of Witness

**OR**

Notary Stamp