

**PRE-REGISTRATION FORM
RITUALISTIC CONTEST**

ALL PARTICIPANTS MUST BE REGISTERED

This form along with the registration fee **MUST** be sent to:

**Grand Aerie Ritual Advisor
Grand Aerie, F.O.E.
1623 Gateway Circle So.
Grove City, OH 43123**

_____ registered at **\$45.00 (\$60.00 at Convention)** per person totaling \$ _____

I hereby certify that all the below named participants are registered.

Aerie No. _____ (Team Captain) _____

_____ (Telephone Number) _____ (Email Address)

Check, Money Order or Credit Card Information MUST accompany this entry form.

Name _____
Aerie No. _____ GAID# _____
Address _____
City, St./Prov., Zip _____

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City, St./Prov., Zip _____

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Please use reverse side for additional information

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