

Grand Aerie Ritual Contest

The undersigned Secretary of said Aerie hereby certifies that each is a member of the Aerie in good standing and is a member of the competing unit.

Dated this _____ day of _____ 2019 Aerie No. _____

(Street Address)

(City, State/Prov., Zip Code)

(Aerie Secretary's Signature)

NOTICE: THE CERTIFICATION BELOW MUST ONLY BE COMPLETED IF YOUR TEAM IS ENTERING IN CLASS B-2 COMPETITION.

The undersigned Secretary of said Aerie certifies that each member of the Class B-2 Team is presently serving as an officer of the Aerie installed in June 2019, who is serving in the office in which he will compete, or is an officer who served the Aerie during fiscal year 2018/2019 in the office in which he will compete, and the officers of this Class B-2 Team are not intermingled between those officers presently serving the Aerie and those who served to the end of their term of May 31, 2019. (The Grand Aerie Ritualistic Committee MAY permit a team to work with one (1) substitute in an EMERGENCY situation only. The name of the substitute must be given to the Ritual Committee at the Grand Aerie Convention before the Team enters competition.)

Date this _____ day of _____ 2019

(Aerie Number)

(Aerie Secretary's Signature)

NOTE

If you are able to compete on Monday, please fill in blank below. If not and a certain day or time is required because of travel, please advise. Once letters have been sent and schedule is made up, **no changes will be made.** At the time you send in the Registration Blank and know the hotel you will be staying at, please fill in hotel name. We would also appreciate the name of the representative of the competing unit the Advisor may contact if necessary. The Grand Aerie Ritualistic Committee will have an office during the Convention in **Wilson Room, Third Floor of the Galt House Hotel.** (Office location subject to change)

IS IT POSSIBLE FOR YOUR TEAM TO COMPETE ON MONDAY? _____

WHEN WILL YOUR TEAM ARRIVE IN THE CONVENTION CITY? _____

IF YOU NEED A SPECIFIC DAY AND TIME TO COMPETE, PLEASE INFORM US SO WE CAN SCHEDULE ACCORDINGLY. ONCE THE SCHEDULE IS COMPLETED, NO CHANGES WILL BE MADE.

Hotel _____

(Representative of the Competing Unit and their info so they can be contacted by at the convention, if needed)

(Cell Phone)

(Email)

NOTE: ALL TEAMS- CLASS A, B, B-2, B-3 AND C WILL STAND INSPECTION. ALL CONTESTS WILL BE JUDGED UNDER OFFICIAL RULES AS REVISED IN 2007.