

PARADE OF CHAMPIONS ENTRY FORM

RETURN THIS ENTRY FORM TO:

Please Type or Print Plainly

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

Auxiliary Name _____ No. _____

City _____ State/Province _____

Please specify which class. If entered in Shotgun please just check (√) all others, please write the class you will be competing in.

Ritual Team Class _____

Field Drill Class _____

Shotgun _____

Captain's Name _____

Telephone No. _____ Email _____

Address _____

City _____ State/Province _____ Zip _____

(If an additional unit is being entered, please fill out form below)

-----PLEASE TEAR HERE-----

PARADE OF CHAMPIONS ENTRY FORM

Please type or Print Plainly

RETURN THIS ENTRY FORM TO:

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

Auxiliary Name _____ No. _____

City _____ State/Province _____

Please specify which class. If entered in Shotgun please just check (√) all others please write the class you will be competing in.

Ritual Team Class _____

Field Drill _____

Shotgun _____

Captain's Name _____

Telephone No. _____ Email _____

Address _____

City _____ State/Province _____ Zip _____