

**PRE-REGISTRATION FORM
GRAND AUXILIARY RITUALISTIC CONTEST**

ALL PARTICIPANTS MUST BE REGISTERED

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

**Grand Auxiliary Ritual Chairman
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.

Auxiliary No. _____

_____ (Team captain)

_____ (Telephone Number)

_____ (Email Address)

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

Name _____

Name _____

Aux. No. _____ GAID# _____

Aux. No. _____ GAID# _____

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Please use reverse side for additional information

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