

Grand Auxiliary Ritual Contest

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

Dated this _____ day of _____ 2019 Auxiliary No. _____

(Street Address)

(City, State/Prov., Zip Code)

(Auxiliary 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 Auxiliary certifies that each member of the Class B-2 Team is presently serving as an officer of the Auxiliary installed in June 2019, who is serving in the office in which she will compete, or is an officer who served the Auxiliary during fiscal year 2018/2019 in the office in which she will compete, and the officers of this Class B-2 Team are not intermingled between those officers presently serving the Auxiliary and those who served to the end of their term of May 31, 2019. (The Grand Auxiliary 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 Ritualistic Committee before the Team enters competition.)

Date this _____ day of _____ 2019

(Auxiliary Number)

(Auxiliary Secretary's Signature)

NOTE

If you are able to compete on Saturday or Sunday, 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 Auxiliary Ritualistic Committee will have an office during the Convention in, **MORROW ROOM, THIRD FLOOR OF THE GALT HOUSE HOTEL.** (Office location subject to change)

DO YOU NEED A KEYBOARD? YES: ___ NO: ___

WHEN WILL YOUR TEAM ARRIVE IN THE CONVENTION CITY? _____

IS IT POSSIBLE FOR YOUR TEAM TO COMPETE ON SATURDAY ___ OR SUNDAY? _____

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)

(Cell Phone at Convention)

(Email)

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