

**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-----

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Field Drill \_\_\_\_\_

Shotgun \_\_\_\_\_

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