AUXILIARY #_____

STATE_____

DATE RECEIVED:

_____
(Office use only)

2021

PRAYER BREAKFAST

***$25.00 PER PERSON** ***TUESDAY, AUGUST 3RD, 2021** *** NO REFUNDS!**

***We must have the name and Auxiliary number of each person or ticket holder listed so the tickets can be filed by Auxiliary Number and alphabetically by last name for pick-up at the Eagles Registration Area.**

PLEASE PRINT

OFFICE USE ONLY	GAID #	NAME OF TICKET HOLDER	AUX. #	C.C. TYPE OR CHECK #	NO. OF TICKETS	*ALLERGIES*

TOTAL NUMBER OF TICKETS ORDERED _____ TOTAL ORDER AMOUNT $_____

***LIST ANY SPECIAL NEEDS HERE: _____**

****RETURN TO****

GRAND AERIE, F.O.E.
ATTN: GRAND SECRETARY
1623 GATEWAY CIRCLE SOUTH
GROVE CITY, OHIO 43123