

PARADE OF CHAMPIONS ENTRY FORM

RETURN THIS ENTRY FORM TO:

Please Type or Print Plainly

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

Aerie Name _____ No. _____

City _____ State/Province _____

Please specify which class. If entered in **Shotgun or Sure Shot**, please just check (✓).
All others, please write the class you will be competing in.

Ritual Team Class _____
Shotgun _____

Field Drill Class _____
Sure Shot _____

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 _____
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