

**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# \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, St./Prov., Zip \_\_\_\_\_

City, St./Prov., Zip \_\_\_\_\_

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**Please use reverse side for additional information**

Name \_\_\_\_\_  
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