

**PRE-REGISTRATION FORM
AERIE RITUALISTIC CONTEST**

ALL PARTICIPANTS MUST BE REGISTERED

This form along with the registration fee MUST be sent to:

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

_____ registered at \$50.00 (\$65.00 at Convention) per person totaling \$ _____

I hereby certify that all the named participants below are registered.

Aerie No. _____

_____ (Team Captain)

_____ (Telephone Number)

_____ (Email Address)

Check, Money Order or Credit Card Information MUST accompany this entry form. IF not already pre-registered.

Name _____

Name _____

Aerie No. _____ GAID# _____

Aerie No. _____ GAID# _____

Address _____

Address _____

City, St./Prov., Zip _____

City, St./Prov., Zip _____

Name _____

Name _____

Aerie No. _____ GAID# _____

Aerie No. _____ GAID# _____

Address _____

Address _____

City, St./Prov., Zip _____

City, St./Prov., Zip _____

Name _____

Name _____

Aerie No. _____ GAID# _____

Aerie No. _____ GAID# _____

Address _____

Address _____

City, St./Prov., Zip _____

City, St./Prov., Zip _____

Name _____

Name _____

Aerie No. _____ GAID# _____

Aerie No. _____ GAID# _____

Address _____

Address _____

City, St./Prov., Zip _____

City, St./Prov., Zip _____

Please use reverse side for additional information

Name _____
Aerie No. _____ GAID# _____
Address _____
City, St./Prov., Zip _____

Name _____
Aerie No. _____ GAID# _____
Address _____
City, St./Prov., Zip _____

Name _____
Aerie No. _____ GAID# _____
Address _____
City, St./Prov., Zip _____

Name _____
Aerie No. _____ GAID# _____
Address _____
City, St./Prov., Zip _____

Name _____
Aerie No. _____ GAID# _____
Address _____
City, St./Prov., Zip _____

Name _____
Aerie No. _____ GAID# _____
Address _____
City, St./Prov., Zip _____

Name _____
Aerie No. _____ GAID# _____
Address _____
City, St./Prov., Zip _____

Name _____
Aerie No. _____ GAID# _____
Address _____
City, St./Prov., Zip _____

Name _____
Aerie No. _____ GAID# _____
Address _____
City, St./Prov., Zip _____

Name _____
Aerie No. _____ GAID# _____
Address _____
City, St./Prov., Zip _____

Name _____
Aerie No. _____ GAID# _____
Address _____
City, St./Prov., Zip _____

Name _____
Aerie No. _____ GAID# _____
Address _____
City, St./Prov., Zip _____

Name _____
Aerie No. _____ GAID# _____
Address _____
City, St./Prov., Zip _____

Name _____
Aerie No. _____ GAID# _____
Address _____
City, St./Prov., Zip _____