

2010 MINK CONFERENCE

AERIE/AUXILIARY RITUAL COMPETITION FORM

(Aerie/Aux Name)

(Aerie/Aux Number)

(City)

(State)

Competition Class: Check One: B ____ B3 ____ C ____ Novice ____ Shotgun ____

List the respective Ritual Team members by position below

POSITION

NAME

Worthy/Madam Jr. Past President:

Worthy/Madam President:

Worthy/Madam Vice President:

Worthy/Madam Chaplain:

Worthy/Madam Conductor:

Worthy/Madam Secretary:

Worthy/Madam Inside Guard:

Pianist:

Contact Name and Number:

“Desired Date and Time of Competition”

1st Choice: Date _____ Time _____

2nd Choice Date _____ Time _____

The undersigned Secretary of said Aerie/Auxiliary hereby certifies that each is a member of the Aerie/Auxiliary in good standing and is a member of the competing unit.

Dated this _____ day of _____, 20____, at _____

(Street Address)

(City and State)

(Aerie/Aux. President)

(Aerie/Aux. Secretary)

Send completed forms to: Pete Schmieding, 3519 Antonia Ct., Imperial, MO. 63052-2927