

BARBARA E. ADAMS RITUALISTIC EXCELLENCE AWARD PROGRAM ENTRY FORM

Name _____ Chapter Name, No. and Region _____

Address _____ City _____

State _____ ZIP _____

Home/Cell Phone _____ E-Mail _____

Yes, I want to be OES proud and participate in the Barbara E. Adams Ritualistic Excellence Award Program to be tested for Star Point Ruth's work (Opening and Initiatory Speech) on pages 35, 64-66 of the Ritual, or the Associate Patron's Address, pages 85 and 87 of the Ritual - the portion in small brackets. *Please check the appropriate Test.*

Star Point Ruth's work – (Opening and Initiatory Speech) – Pages 35, 64-66 of Ritual.

Associate Patron's Address - Pages 86, and 87 - the portion in small brackets.

Place and Date I would like to be tested (please check only one):

<u>EVENT</u>	<u>Date of Event</u>	<u>Registration</u>	<u>Deadline</u>
Eastern Caring and Sharing	Saturday, October 5, 2019	September 21, 2019	
Western Caring and Sharing	Saturday, October 26, 2019	October 12, 2019	
Central Caring and Sharing	Saturday, November 16, 2019	November 1, 2019	
Eastern Village Festival	Saturday, February 8, 2020	January 25, 2020	
Western Village Festival	Saturday, February 22, 2020	February 8, 2020	
Central Village Festival	Saturday, March 14, 2020	February 29, 2020	

IT IS IMPORTANT THAT YOU ADHERE TO THE REGISTRATION DEADLINE.

Please mail the completed application form to _ OR :

Barbara E. Adams, PGM
6208 State Route 209
Lykens, PA 17048

Home Phone: 717-453-9393 Cell Phone: 717-319-0166
Email: beadams@frontiernet.net

Your confirmation and scheduled time to compete, plus detailed judging criteria and the judging form will be mailed to you before the testing date but after the deadline date.