

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 on the Chaplain’s Opening Speech, page 29 and 30 of the Ritual, Opening Prayer, page 42 of the Ritual, and the Closing Prayer, page 46 of the Ritual.*

\_\_\_\_\_ Opening Speech, pages 29 and 30 \_\_\_\_\_ Opening Prayer, page 42 \_\_\_\_\_ Closing Prayer, page 46

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

<b>EVENT</b>	<b>Date of Event</b>	<b>Registration Deadline</b>
Western Caring and Sharing	Saturday, September 21, 2024	Saturday, Sept. 7, 2024
Central Caring and Sharing	Saturday, September 28, 2024	Saturday, Sept. 14, 2024
Eastern Caring and Sharing	Saturday, October 19, 2024	Saturday, Oct. 5, 2024
Central Village Visitation	Saturday, November 9, 2024	Saturday, Oct. 19, 2024
Western Village Visitation	Saturday, November 23, 2024	Saturday, Nov. 9, 2024
Grand Esther Honor Day	Saturday, January 25, 2025	Saturday, Jan. 11, 2025
Eastern Village Visitation	Saturday, March 8, 2025	Saturday, Feb. 22, 2025

**IT IS IMPORTANT THAT YOU ADHERE TO THE REGISTRATION DEADLINE.**

Please mail the completed application form by the Registration Deadline to:

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

OR

Home Phone: 717-453-9393      Cell Phone: 717-319-0166  
Email: [beadams31@comcast.net](mailto:beadams31@comcast.net)

Your confirmation and scheduled time to compete, plus detailed judging criteria and the judging form will be emailed to you. Any questions please feel free to contact me by email or phone. Thank you for your interest in our testing program.