

Proficiency Excellency Program

REGISTRATION FORM

(Check Preference)

Ritual _____ Laws _____ Secret Work _____ Floor Work _____

IS THIS A REPEAT TEST? YES _____ NO _____

(Circle One Location)

Northern Area 1. Date: August 6, 2016 Location: Union Hill Chapter No. 246
1459 Hwy. 177 N., Bonifay, FL 32425

Central Area 2. Date: October 22, 2016 Location: Rob Morris Chapter No. 310
2505 NE 9th Street, Gainesville, FL 32609

Southern Area 3. Date: January 14, 2017 Location: Vero Chapter No. 135
1959 - 14th Avenue, Vero Beach, FL 32960

Tests will start at 9:00 A.M.

Circle best scheduled time for you - A.M. or P.M. (No Guarantees)

Name _____

Address _____

City _____ Zip _____

Phone _____ Cell _____ E:Mail _____

District _____ Chapter _____ No. _____

Registration Fee \$10.00 per test.

Check No. _____

Make check payable to: **The Grand Chapter of Florida O.E.S., Inc.** and mail to:

Betty Joann Green, P.G.M.

Chairman of Proficiency

P. O. Box 488, Silver Springs, FL 34489

(For Chairman's Use Only)

Scheduled Time _____ Notified _____ Reg. Number _____