

Proficiency Excellency Program

REGISTRATION FORM

(Check Preference)

Ritual _____ Laws _____ Secret Work _____ Floor Work _____

IS THIS A REPEAT TEST? YES _____ NO _____

(Circle One Location)

1. August 3, 2024 **Location:** Ocala Chapter No. 29
1846 SE 36th Avenue, Ocala, FL 34471
2. November 9, 2024 **Location:** Ocala Chapter No. 29
1846 SE 36th Avenue, Ocala, FL 34471
3. February 1, 2025 **Location:** Ocala Chapter No. 29
1846 SE 36th Avenue, Ocala, FL 34471

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:

B. 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 _____