

April 1, 2025

Sisters,

I am excited and honored that Madam President Christy has asked me to be her Ritual Chairman for the 2025 convention. Ritual is the backbone of our sisterhood; it is so beautiful to see it presented in competition. I am looking forward to seeing all the teams this year.

Enclosed are the registration forms and the rules and regulations for the competition. If you have any questions, please feel free to contact me. The deadline for registration is May 15, 2025. I will follow up and let everyone know when they will be competing. Competition will be held on Tuesday and Wednesday, June 10<sup>th</sup> and 11<sup>th</sup> prior to Convention in the convention center.

Volunteers for judging and tally are needed. If you would like to judge or work in the tally room, please fill out the Judges form that is included. We will have a judge's meeting at 8:00am on Tuesday, June 10<sup>th</sup>, in the ritual rooms at the convention center. Once we have the schedule set, I will send it out to judges and competitors.

Parade of Champions is on Friday morning during the convention. Check your convention schedule for the exact time. The winners will be announced during Friday's Auxiliary session.

Fraternally Yours,

Susan Cant

Auxiliary Ritual Chairman

541-300-0971

scchilly@gmail.com

## Washington State Auxiliary Ritual Team Entry Form

Please print or type and double check spelling of names

Date and Time Requested \_\_\_\_\_

Team Class (Please circle) B      B2      B3      B3A      Novice

Auxiliary Name and Number \_\_\_\_\_

Coach Name \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

(if this is a B3 or B3A team please include Auxiliary number next to name)

Jr Past \_\_\_\_\_

President \_\_\_\_\_

Vice President \_\_\_\_\_

Chaplain \_\_\_\_\_

Conductor \_\_\_\_\_

Secretary \_\_\_\_\_

Inside Guard \_\_\_\_\_

### **DEADLINE FOR REGISTRATION IS MAY 15, 2025**

As secretary of this Auxiliary/District, I do by verify that the following information is valid and correct.

1. All members of this team/individual have their dues paid up in full beyond the date of competition
2. All members of the team are registered with the State Secretary for this convention
3. If a Secretary and or Inside Guard needs to be furnished by the State Ritual Committee it has been indicated.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Auxiliary Secretary)

## Washington State Auxiliary Ritual Shotgun Entry Form

Please print or type and double check spelling of names

Date and Time Requested \_\_\_\_\_

Auxiliary Name and Number \_\_\_\_\_

Competitors Name \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

(Auxiliary Secretary)

## Washington State Auxiliary Ritual Sureshot Entry Form

Please print or type and double check spelling of names

Date and Time Requested \_\_\_\_\_

Auxiliary Name and Number \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

1<sup>st</sup> Choice \_\_\_\_\_

2<sup>n</sup> Choice \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_

4<sup>th</sup> Choice \_\_\_\_\_

5<sup>th</sup> Choice \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

(Auxiliary Secretary)

## Washington State Auxiliary Ritual One Woman Entry Form

Please print or type and double check spelling of names

Date and Time Requested \_\_\_\_\_

Auxiliary Name and Number \_\_\_\_\_

Competitors Name \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Coach \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Conductor \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

(Auxiliary Secretary)

## **Washington State Auxiliary Ritual Cost**

**Team \$30.00**

**Shotgun/Sureshot \$6.00**

**One Woman \$20.00**

**MAIL RITUAL REGISTRATION AND FEES TO:**

**Susan Cant, State Ritual Chairman**

**301 Grandview Pavement Rd,**

**Grandview, WA 98930**

**MAIL CONVENTION REGISTRATION AND FEE TO:**

**Linda Knowles, State Auxiliary Secretary**

**PO Box 1464 Castle Rock WA 98532**

**MAKE ALL CHECKS OUT TO: WASHINGTON STATE AUXILIARY**

**ANY QUESTIONS PLEASE FEEL FREE TO CONTACT ME**

**AT 541-300-0971 OR EMAIL at [scchilly@gmail.com](mailto:scchilly@gmail.com)**

**DEADLINE MAY 15th 2025**

### Washington State Auxiliary Ritual Judge and Tally Form

Name \_\_\_\_\_

Auxiliary Name and Number \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Circle one:     Judge             Tally             Both

Which day are you available:    Tuesday             Wednesday

Are you competing?   YES     or     NO

If yes, Class? \_\_\_\_\_