

**P.R.I.D.E. RITUAL COMPETITION**  
**Initiatory Degree Entry Form**

Chapter Name: \_\_\_\_\_ Year of Competition: \_\_\_\_\_

Check Applicable Boxes

		Member of this Chapter with DD*	Under Age 21	Has Obligation Card
Master Councilor	Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Councilor	Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Junior Councilor	Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Deacon	Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Junior Deacon	Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Steward	Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Junior Steward	Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marshal	Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scribe	** Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Preceptor	** Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> Preceptor	** Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 <sup>rd</sup> Preceptor	** Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 <sup>th</sup> Preceptor	** Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 <sup>th</sup> Preceptor	** Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 <sup>th</sup> Preceptor	** Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 <sup>th</sup> Preceptor	** Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	*** Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	*** Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* = Two parts may be borrowed from another chapter except for Master Councilor, Senior Deacon, or Marshal. If borrowed parts are used, list home chapter of any borrowed part.

\*\* = Part may be performed by any qualified person who is performing another part(s).  
 Enter: "Done by \_\_\_\_\_" (e.g., "Done by Junior Councilor") for each part performed this way.

\*\*\* = List all additional parts used ( use back of sheet if necessary )

I CERTIFY ON MY HONOR THAT ALL INFORMATION CONTAINED ON THIS FORM IS, TO THE BEST OF MY KNOWLEDGE, ACCURATE

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAME (Please Print): \_\_\_\_\_