

**RITUAL COMPETITION  
REGISTRATION FORM  
SUPREME STATE MESSENGER TEAM**

**Before filling out this form please see the attached permission form which must be signed by the daughter and her parent**

Daughter's Name: \_\_\_\_\_ Bethel No: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (Area Code) \_\_\_\_\_ No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of July 31, 2010 \_\_\_\_\_

Please select the one Messenger lecture you wish to enter:

\_\_\_\_\_ First Messenger

\_\_\_\_\_ Second Messenger

\_\_\_\_\_ Third Messenger

\_\_\_\_\_ Fourth Messenger

\_\_\_\_\_ Fifth Messenger