



2019 OFFICIAL GLASMC COMPETITION FORM
Grove City, Ohio
FRIDAY, SEPTEMBER 20, 2019
 Scioto Downs Racino, 6000 S. High St, Columbus, OH 43207
 (Please PRINT CLEARLY all information)

SHRINE CENTER NAME: _____

UNIT NAME: _____ HEAD OF UNIT: _____

TITLE (Check One): ___ Commander ___ Director ___ Captain ___ Other (List) _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

CELL: _____ E-MAIL ADDR: _____

GUEST AT WHICH HOTEL: _____ Equipment Trade Name: _____

Competing as () Corp/Unit () Individual

2-WHEEL

CLASSIFICATION: (Please check one)

MULTI -WHEEL

Class 1: () Mini & Sub-Mini

Class 4: () 1200 cc & over Classified

Class 6: () 0-500 lbs. Classified

Class 2: () 0- 360 cc

Class 5: () 1200 cc & over Unclassified

Class 7: () 0-500 lbs. Unclassified

Class 3: () 361 - 1199 cc

Class 10: () Segway

Class 8: () 501 lbs. & over Classified

Class 9: () 501lbs. & over Unclassified

CORP/UNIT and INDIVIDUAL ENTRY: (Please indicate 'YES' or 'NO')

Minimum of 4 participants for Inspection, Drill and/or Parade Competition. Minimum of 2 participants for Obstacle Course & Slow Ride to qualify for awards. Individual members can participate for Trophy's. (Courtesy vehicle inspection required)

INSPECTION: _____

NO. OF RIDERS: _____

**** (2-WHEEL ONLY) ****

DRILL: _____

NO. OF RIDERS: _____

SLOW RIDE: _____ NO. OF RIDERS: _____

OBSTACLE COURSE: _____

NO. OF RIDERS: _____

PARADE: _____

NO. OF RIDERS: _____

**** PLEASE NOTE:** (Only one (1) Competition form is required per Corp/Unit or Individual Classification)

Entry form must be completed & returned **NO LATER THAN: August 20, 2019**

(Postmark will determine competition order)

~ ~ ~ ADWARDS BANQUET Will be at the Aladdin Shrine Center ~ ~ ~

1801 Gateway Cir, Grove City, OH 43123

On Saturday - Sept.21th 2019 -Cocktails 5:30pm - Dinner 6:30pm Plated

Tossed Salad w/ Assorted Dressings, Beef Top Round w/ au jus and horseradish sauce, Chicken Parmesan, Baked Cheesy Ranch Potatoes, Baked Corn Casserole, Rolls & Butter, Assorted Homemade Pies, Brewed Iced Tea, Pink Lemonade, Regular & Decaffeinated Coffee.

No. of Dinners _____ X \$40.00 = _____ Grand Total _____ CHECK #: _____

===== **DEADLINE August 20, 2019** =====

Checks Payable to GLASMC and return to:

"GLASMC" C/O Rick Elman, Sec. - 6300 Old Porter Rd, Portage IN 46368

QUESTIONS CONTACT Rick AT: 219-793-2221 elman.rick@gmail.com