



Grand Chapter State of New York Royal Arch Masons

Ritual Proficiency Form

Opening and Closing

Date:

Chapter Name and No.: _____

Capitular District: _____

Ritualistic Proficiency:

Chapter Participation:

Sword Work:

Floor work:

Signs:

Presentation:

Please check box if approved:



Witnessed: (need 2 signatures)

Grand Lecturer _____

Regional Officer _____

DDGHP _____

AGL _____