

Assembly Report Forms Booklet



Knights of Columbus

FOURTH
D E G R E E





ASSEMBLY REPORT FORMS BOOKLET

HOW TO USE THIS BOOKLET

This Assembly Report Forms Booklet contains many of the important reporting forms your assembly is expected to complete during this year. It has been designed to serve as a ready reference source for the *faithful navigator* and *faithful comptroller* providing them with the appropriate report forms to file and the dates that these reporting forms are due at the Supreme Council office.

The report forms included in this booklet are arranged in the order of deadline dates assigned for each report. This date is located in the upper right hand corner of each form. *Faithful navigators* and *faithful comptrollers* should review this book often, definitely monthly, to verify that the assembly is filing the reporting forms due during that month. The tab of each page includes the proper mailing address of the Supreme Council office, and the bottom section of each report identifies to whom copies of the report should be sent.

Each assembly is responsible for making photocopies of the reports and sending them to the appropriate officials. IN EVERY INSTANCE, COPIES OF EACH REPORT FORM SHOULD BE KEPT FOR THE ASSEMBLY FILES.

NOTE: The checklist appearing below identifies each report in chronological order by the date on which the report is due. This listing also includes a space to record the actual date on which the form was mailed to the Supreme Council office.

Any questions concerning the Assembly Report Forms Booklet or the forms themselves should be directed to: Supreme Council Department of Fraternal Services, 1 Columbus Plaza, New Haven, CT 06510-3326.

FORM/DEADLINE CHECKLIST

FORM	REPORT	PAGE	DUE BY	DATE SENT
1728A	SURVEY OF FRATERNAL ACTIVITY INDIVIDUAL MEMBER WORKSHEET	3	AS NEEDED	_____
1728	ANNUAL SURVEY OF FRATERNAL ACTIVITY REPORT	5	JANUARY 31	_____
2863A	RSVP/PLAQUE APPLICATION	7	JUNE 30	_____
2321	CIVIC AWARD APPLICATION	9	JUNE 30	_____
TBP-1	TO BE A PATRIOT AWARD ENTRY FORM	11	JUNE 1	_____
186	REPORT OF OFFICERS CHOSEN FOR THE TERM JULY 1, ___ – JUNE 30, ___ YEAR YEAR	13	JULY 1	_____
1315	ANNUAL ASSEMBLY AUDIT REPORT	15	AUGUST 1	_____
1291	FOURTH DEGREE EXEMPLIFICATION REPORT (TO BE COMPLETED BY THE MASTER)	17	AS NEEDED	_____
2935	COLUMBIAN SQUIRES INQUIRY KIT ORDER FORM	19	AS NEEDED	_____



INSTRUCTIONS TO FINANCIAL SECRETARIES/FAITHFUL COMPTROLLERS/BURSARS

Note: Knights should separate reported assembly activities from their reported council activities.

Located on the lower portion of this page are individual Member Worksheets to assist you in determining the number of hours of volunteer service expended by members during the past year.

This worksheet is printed on clip-art ready, reproducible paper. Simply photocopy as many forms as you need, cut along the dotted line and distribute a form at the November meeting. Forward a worksheet to every member on your current roster or include a copy in your next bulletin. Each member can individually identify the number of volunteer hours he expended in community service projects. You only need to collect and tabulate the council/assembly/circle results for completion of the past years Annual Survey of Fraternal Activity Report due at the Supreme Council office by January 31.

ANNUAL SURVEY OF FRATERNAL ACTIVITY INDIVIDUAL MEMBER WORKSHEET

Last year, the Knights of Columbus donated more than \$130 million to charitable and benevolent causes and over 61.1 million hours of volunteer community service to aid the less fortunate. **To help prepare our Fraternal Survey for the Supreme Council office, please complete the information requested below and return it at our next meeting.** This information will assist us in determining the total number of hours of community service volunteered by our members.

1. Number of visits you made during the past year to:
 - Sick — caring for the sick _____
 - Bereaved — visits of condolence _____
2. Number of times you served as a blood donor during the past year. _____
3. Estimated hours of volunteer service for the past year.
 - Church Activities — service in all Church related activities _____
 - Community Activities — service in all community related activities _____
 - Youth Activities — service in all youth related activities _____
 - Habitat for Humanity - service in all related projects..... _____
 - Miscellaneous Activities — service in areas not outlined above _____
4. Number of hours of fraternal service for the past year:
 - Sick/disabled members and their families — household chores, transportation, tutoring, counselling, etc. _____

ANNUAL SURVEY OF FRATERNAL ACTIVITY INDIVIDUAL MEMBER WORKSHEET

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1. Number of visits you made during during the past year to:
 - Sick — caring for the sick _____
 - Bereaved — visits of condolence _____
2. Number of times you served as a blood donor during the past year. _____
3. Estimated hours of volunteer service for the past year
 - Church Activities — service in all Church related activities _____
 - Community Activities — service in all community related activities _____
 - Youth Activities — service in all youth related activities _____
 - Habitat for Humanity - service in all related projects..... _____
 - Miscellaneous Activities — service in areas not outlined above _____
4. Number of hours of fraternal service for the past year:
 - Sick/disabled members and their families — household chores, transportation, tutoring, counselling, etc. _____

Duplicate and distribute this form to assembly members in November. Ask for return by December 31. Use the information provided when preparing your assembly's Annual Survey of Fraternal Activity.

Due By: JANUARY 31

For Twelve Month Period Ending December 31, _____
 YEAR

***IMPORTANT**

* Please type or print legibly.

* Complete numerical data from right to left – ex.

* In sections II and III use EXACT DOLLAR AMOUNTS.

* UNITS IN THE PHILIPPINES SHOULD REPORT ALL FINANCIAL DATA IN PESOS.

* Include financial contributions and hours of community service from all related programs (i.e. council corporations, parish round tables, etc.) Include Columbian Squires totals only if the circle does not complete a separate report.

* Do not write-in additional activities or contributions – use only spaces provided.

* MAKE A PHOTOCOPY OF SURVEY REPORT FOR YOUR ASSEMBLY FILE.

□, □, □, 100

SECTION I. NUMBERS OF MEETINGS HELD DURING YEAR:

1. Regular – meetings for conducting or discussing business. Include officers and Service Program committee meetings.
2. Social – dinners, card parties, dances, etc. Business may or may not have been discussed.
3. Special – lectures, films, seminars, cultural, ethnic, educational, religious events, etc. Business may or may not have been discussed.

SECTION II. ACTIVITY EXPENSE:

1. a. Printing and Postage – printing and postage for newsletters, flyers, communications for activities.
- b. Food and Refreshments – food, refreshments, etc. for activities.
- c. Prizes – gifts, awards, incentives, raffles, etc. related to sponsored events.
- d. Projects – transportation, facility rental, photography, etc. for related projects.
- e. Entertainment – bands, magicians, comedians, etc. for events.
- f. Miscellaneous – all other expenses not outlined above relating to activities.

SECTION III. CHARITABLE AND BENEVOLENT DISBURSEMENTS:

Church Activities

1. a. Church Facilities – construction, repairs, remodeling, memorial gifts, etc.
- b. Catholic Schools – donations, grants, construction, repairs, etc.
- c. Religious Education – CCD, lay apostolate, Keep Christ in Christmas, marriage encounter, etc.
- d. Seminarians/RSVP – direct contributions to seminarians, postulants and religious.
- e. Seminaries – donations, construction, equipment, etc.
- f. Vocations Projects – programs, speakers, films, program materials, etc.
- g. Miscellaneous – all other Church related disbursements not outlined above.

Community Activities

2. a. Elderly – homes for the aged, Retired Senior Volunteer Program, etc.
- b. Physically Disabled – Muscular Dystrophy, Cerebral Palsy, etc.
- c. Special Olympics – local, state and national contributions, etc.
- d. Citizens with Mental Retardation – candy distributions, etc.
- e. Human Needs – caring for the sick, food, clothing, shelters, soup kitchens, homeless, etc.
- f. Pro-Life Programs – printing, donations, hall usage, Birthright, baby showers, etc.
- g. Victims of Disasters – natural disasters, fire, violence, accidents, etc.
- h. Hospitals/Institutions – equipment, construction, memorial gifts, etc.
- i. Health and Service Organizations – Red Cross, Hospice, United Way, cancer/heart funds, etc.
- j. Community-wide Projects – civic involvement, public safety, environment, decency, etc.
- k. Habitat for Humanity - service in all related projects.
- l. Miscellaneous – all other community related disbursements not outlined above.

Youth Activities

3. a. Columbian Squires – overall sponsorship, contributions, etc.
- b. Scouting – sponsorship, contributions, etc.
- c. Youth Groups – CYO, Big Brothers/Big Sisters, 4-H, etc.
- d. Youth Welfare/Services – substance/child abuse, foster parents, etc.
- e. Athletics – equipment, league/team sponsorship, transportation, etc.
- f. Scholarships/Education – career nights, essay contests, tuition, fund raising, etc.
- g. Miscellaneous – all other youth related disbursements not outlined above.

SECTION IV. FRATERNAL COMMITMENT:

Number of visits to:

1. a. Sick – caring for the sick.
- b. Bereaved – visits of condolence.
2. Number of blood donors – members serving as blood donors.
3. Habitat for Humanity - service in all related projects.

Estimated hours of volunteer service:

3. a. Church Activities – volunteer service in all Church related activities.
- b. Community Activities – volunteer service in all community related activities.
- c. Youth Activities – volunteer service in all youth related activities.
- d. Habitat for Humanity - service in all related projects.
- e. Miscellaneous Activities – volunteer service in any areas not outlined above.

Estimated hours of fraternal service:

4. Sick/disabled members and their families – household chores, transportation, tutoring, counselling, etc.

For Twelve Month Period Ending December 31.

A Assembly Number _____ **Location** _____
city/town state/province

I. NUMBER OF MEETINGS HELD DURING YEAR:

- 1. Regular
- 2. Social
- 3. Special

TOTAL NUMBER OF MEETINGS HELD

--	--	--	--

II. ACTIVITY EXPENSE:

- 1. a. Printing and Postage
- b. Food and Refreshments
- c. Prizes
- d. Projects
- e. Entertainment
- f. Miscellaneous

DOLLARS ONLY:

TOTAL ACTIVITY EXPENSES

--	--	--	--	--	--

III. CHARITABLE DISBURSEMENTS:

Church Activities

- 1. a. Church Facilities
- b. Catholic Schools
- c. Religious Education
- d. Seminarians/RSVP
- e. Seminaries
- f. Vocations Projects
- g. Miscellaneous

DOLLARS ONLY:

Total Church Disbursements

--	--	--	--	--	--

Community Activities

- 2. a. Elderly
- b. Physically Disabled
- c. Special Olympics
- d. Mentally Retarded
- e. Human Needs
- f. Pro-Life Programs
- g. Victims of Disasters
- h. Hospitals/Institutions
- i. Health and Service Organizations
- j. Communitywide Projects
- k. Habitat for Humanity
- l. Miscellaneous

DOLLARS ONLY:

Total Community Disbursements

--	--	--	--	--	--

Youth Activities

- 3. a. Columbian Squires
- b. Scouting
- c. Youth Groups
- d. Youth Welfare/Services
- e. Athletics
- f. Scholarships/Education
- g. Miscellaneous

DOLLARS ONLY:

Total Youth Disbursements

--	--	--	--	--	--

TOTAL CHARITABLE (CHURCH, COMMUNITY, YOUTH) DISBURSEMENTS

--	--	--	--	--	--

IV. FRATERNAL COMMITMENT:

- 1. Number of visits to:
 - a. Sick
 - b. Bereaved

Total Visits

--	--	--	--	--	--

- 2. Number of blood donors
- 3. Habitat for Humanity

Estimated hours of volunteer service:

- 3. a. Church
- b. Community
- c. Youth
- d. Habitat for Humanity
- e. Miscellaneous

Total Volunteer Hours

--	--	--	--	--	--

Estimated hours of fraternal service:

- 4. Sick/disabled members and their families

--	--	--	--	--	--

Date: _____

(Signed) _____

Faithful Navigator

(Signed) _____

Faithful Comptroller

Detach and mail to: Knights of Columbus Supreme Council Office, Department of Fraternal Services, 1 Columbus Plaza, New Haven, CT 06510-3326 or Fax to: (203) 752-4108



REFUND SUPPORT VOCATIONS PROGRAM (RSVP)

Due By: JUNE 30

(Please review these guidelines before completing application form on reverse)

The Knights of Columbus launched the Refund Support Vocations Program (RSVP) in 1981. Under this program, local K of C councils or assemblies agree to make an annual contribution of \$500 or more to an individual seminarian to help with his expenses. Councils and assemblies can sponsor more than one seminarian if their resources permit. In each case, the minimum annual contribution is \$500 per seminarian. For every \$500 donated, the council or assembly is eligible for a refund of \$100 from the Supreme Council. The maximum refund a council or assembly can receive is \$400 per individual supported. For circles of Columbian Squires, the annual contribution per seminarian is a minimum of \$100, with each circle eligible to receive from the Supreme Council a refund of \$20 for each \$100 contributed.

The following persons are eligible to receive RSVP funds:

- Seminarians who have been accepted by a diocese and are currently in their “spirituality” year;
- Seminarians attending major seminaries (usually, four years) in preparation for priestly ordination;
- Seminarians in their “pastoral” year (most often, when they are deacons);
- Seminarians attending college seminaries (sometimes called minor seminaries);
- Seminarians who belong to a religious institute and are currently in formation for the priesthood (religious seminarians often are called “Brother” even though they will eventually be ordained as priests); and
- Men and women who are novices or postulants in religious orders or religious communities.

Those eligible for assistance do include foreign seminarians studying in the United States or Canada; U.S. or Canadian seminarians studying overseas; seminarians from your home diocese currently attending seminaries in another diocese, state, or country; and seminarians from other states or dioceses attending a seminary located in your jurisdiction.

Persons not eligible for RSVP funds are the following:

- Priests or religious seeking assistance for continuing education;
- Religious brothers not currently studying for the priesthood; and
- Candidates for the permanent diaconate.

SECTION I AND II MUST BE COMPLETED TO BE ELIGIBLE FOR THE RSVP PLAQUE

DIRECTIVES FOR SECTION I: (RSVP) REFUND INFORMATION

To qualify for the refund, the following conditions must be met:

- a) Money given to each individual must be vocation-related, donated between July 1 and June 30 within the fraternal year applied for and must amount to at least **\$500 per individual**.
- b) The money must have been given to an **individual** and NOT to an institution or fund.
- c) Money must be given to a seminarian, postulant or novice only.
- d) The money must be paid with a check drawn on the council account.
- e) Copies of any cancelled check(s) (both front and back sides) or other documentation **must** be attached to this application.

DIRECTIVES FOR SECTION II: (RSVP) MORAL SUPPORT INFORMATION

Substantial moral support is required. This would include some or all of the following:

- a) correspondence between council and seminarian/postulant
- b) personal visits to seminary or religious residence
- c) invitation of seminarian/postulant to council events
- d) similar signs of interest.



REFUND SUPPORT VOCATIONS PROGRAM (RSVP)
REFUND AND PLAQUE APPLICATIONS
Due By: JUNE 30

For Office Use Only

Ref \$ _____

Y. St. _____

Date _____

Important: Please complete this box:

State/Province _____ Assembly No. _____

Location _____
city

Assembly Name _____

Faithful Navigator _____

SECTION I AND II MUST BE COMPLETED TO BE ELIGIBLE FOR THE RSVP PLAQUE

SECTION I: REFUND INFORMATION

See directives on the reverse side before completing this section.

List each grant of \$500 or more with name, amount and date of check. *Attach copies of canceled checks (both front and back sides) or other documentation to this application.*

SEMINARIAN/POSTULANT	FORMER SQUIRE	ADDRESS	CITY/STATE	ZIP	DATE	CHECK #	AMOUNT	NAME OF SEMINARY/CONVENT

SECTION II: MORAL SUPPORT INFORMATION

See directives on the reverse side before completing this section.

Examples of moral support must be provided in order to receive plaque or date plate:

IMPORTANT: Be sure to check off **one** of the following:

- We already have a Vocations Plaque and require only an adhesive date plate for this fraternal year.
- This is our first year with RSVP and we require both a Vocations Plaque and an adhesive date plate for this fraternal year.
- Our Vocations Plaque is full and we require a new one.

I AFFIRM THE ABOVE TO BE ACCURATE: _____
Faithful Navigator

Date: _____

MAIL ORIGINAL TO: Supreme Council Department of Fraternal Services
MAIL COPIES TO: Vice Supreme Master, Masters, State Vocations Chairman, Assembly Files

(See other side for instructions)

Detach and mail to: Knights of Columbus Supreme Council Office, Department of Fraternal Services,
 1 Columbus Plaza, New Haven, CT 06510-3326 or Fax to: (203) 752-4108



REPORT OF OFFICERS CHOSEN FOR THE TERM

JULY 1, [] YEAR TO JUNE 30, [] YEAR

Submit By: JULY 1

PLEASE PRINT – INDICATE MEMBERSHIP NUMBERS

DATE OF ELECTION _____

ASSEMBLY NAME				ASSEMBLY NUMBER			
LOCATION			CITY		STATE/PROVINCE		ZIP/POSTAL CODE
FAITHFUL NAVIGATOR	MEMBERSHIP NO.	LAST NAME	FIRST NAME		INITIAL		
STREET			CITY		STATE/PROVINCE		ZIP/POSTAL CODE
<input type="checkbox"/> ADDRESS CHANGE							
TELEPHONE AREA CODE		PHONE NO.	E-MAIL			★ NEWLY ELECTED ★ RE-ELECTED	
FAITHFUL COMPTROLLER	MEMBERSHIP NO.	LAST NAME	FIRST NAME		INITIAL		
STREET			CITY		STATE/PROVINCE		ZIP/POSTAL CODE
# ADDRESS CHANGE							
TELEPHONE AREA CODE		PHONE NO.	E-MAIL			★ NEWLY ELECTED ★ RE-ELECTED	
FAITHFUL FRIAR	MEMBERSHIP NO.	LAST NAME	FIRST NAME		INITIAL		
STREET			CITY		STATE/PROVINCE		ZIP/POSTAL CODE
# ADDRESS CHANGE							
FAITHFUL CAPTAIN	MEMBERSHIP NO.	LAST NAME	FIRST NAME		INITIAL		
STREET			CITY		STATE/PROVINCE		ZIP/POSTAL CODE
# ADDRESS CHANGE							
FAITHFUL ADMIRAL	MEMBERSHIP NO.	LAST NAME	FIRST NAME		INITIAL		
STREET			CITY		STATE/PROVINCE		ZIP/POSTAL CODE
# ADDRESS CHANGE							
FAITHFUL PURSER	MEMBERSHIP NO.	LAST NAME	FIRST NAME		INITIAL		
STREET			CITY		STATE/PROVINCE		ZIP/POSTAL CODE
# ADDRESS CHANGE							
FAITHFUL PILOT	MEMBERSHIP NO.	LAST NAME	FIRST NAME		INITIAL		
STREET			CITY		STATE/PROVINCE		ZIP/POSTAL CODE
# ADDRESS CHANGE							
FAITHFUL SCRIBE	MEMBERSHIP NO.	LAST NAME	FIRST NAME		INITIAL		
STREET			CITY		STATE/PROVINCE		ZIP/POSTAL CODE
# ADDRESS CHANGE							
INNER SENTINEL	MEMBERSHIP NO.	LAST NAME	FIRST NAME		INITIAL		
STREET			CITY		STATE/PROVINCE		ZIP/POSTAL CODE
OUTER SENTINEL	MEMBERSHIP NO.	LAST NAME	FIRST NAME		INITIAL		
STREET			CITY		STATE/PROVINCE		ZIP/POSTAL CODE
ONE YEAR TRUSTEE	MEMBERSHIP NO.	LAST NAME	FIRST NAME		INITIAL		
STREET			CITY		STATE/PROVINCE		ZIP/POSTAL CODE
TWO YEAR TRUSTEE	MEMBERSHIP NO.	LAST NAME	FIRST NAME		INITIAL		
STREET			CITY		STATE/PROVINCE		ZIP/POSTAL CODE
THREE YEAR TRUSTEE	MEMBERSHIP NO.	LAST NAME	FIRST NAME		INITIAL		
STREET			CITY		STATE/PROVINCE		ZIP/POSTAL CODE

ATTEST

ASSEMBLY MEETS:

IMPORTANT INSTRUCTIONS

F.N.

F.C.

NO MEMBER SHALL BE ELIGIBLE TO HOLD OFFICE IN AN ASSEMBLY UNLESS HE IS IN GOOD STANDING AND PAYS HIS DUES, BOTH IN THE COUNCIL AND IN THE ASSEMBLY. FORWARD COMPLETED COPY OF THIS REPORT IMMEDIATELY FOLLOWING THE ELECTION AT THE FIRST REGULAR MEETING IN MAY. THIS REPORT IS ESSENTIAL FOR THE TRANSACTION OF OFFICIAL BUSINESS AND DIRECT MAIL COMMUNICATIONS WITH OFFICERS.

Detach and mail to: Knights of Columbus Supreme Council Office, Department of Membership Records, 1 Columbus Plaza, New Haven, CT 06510-3326 or Fax to: (203) 752-4113



ANNUAL ASSEMBLY AUDIT REPORT

FOR PERIOD ENDED JUNE 30, _____
YEARDue By: **AUGUST 1**

ASSEMBLY _____ NO. _____ CITY _____ STATE _____

SCHEDULE A – MEMBERSHIP

ADDITIONS	TOTAL	DEDUCTIONS	TOTAL
Total Members Start of Period		Suspensions	
Initiations		Deaths	
Transfers from other Assemblies		Final Withdrawals	
Restorations		Transfers to Other Assemblies	
Total for Period		Total Deductions	
Minus Total Deductions			
Number Members End of Period			

SCHEDULE B – CASH TRANSACTIONS

FAITHFUL COMPTROLLER		FAITHFUL PURSER	
Cash on Hand Beginning of Period	\$ _____	Cash on Hand Begin. Period	\$ _____
Cash Received—Dues, Initiations	\$ _____	Received from Faithful Comptroller	\$ _____
Cash Received from other Sources: (Explain Kind and Amount)		Interest Earned on Investments	\$ _____
_____ \$		Total Receipts	\$ _____
_____ \$		<u>Disbursements</u>	
_____ \$	\$ _____	Expense of Delegates	\$ _____
Total Cash Received	\$ _____	General Assembly Expenses	\$ _____
Paid to Faithful Purser	\$ _____	Transfers to Sav. & Invest. Accts.	\$ _____
Cash on Hand at End of Period	\$ _____	Miscellaneous	\$ _____
		Total Disbursements	\$ _____
		Net Balance on Hand	\$ _____

SCHEDULE C – ASSETS AND LIABILITIES

ASSETS		LIABILITIES	
Cash:		Due Supreme Council:	
On Hand (undeposited)	\$ _____	Supplies	\$ _____
Bank – General – Acct.	\$ _____	Other	\$ _____
– Special Acct.	\$ _____	Due Dist. Master:	
– Savings & Investment Acct.	\$ _____	Initiation Fees	\$ _____
Due From _____ Members	\$ _____	Other	
Total Current Assets	\$ _____	Misc. Liabilities:	
Less: Current Liabilities	\$ _____	_____	\$ _____
Net Current Assets	\$ _____	_____	\$ _____
Investments:		_____	\$ _____
*Real Estate	\$ _____	Total Current Liabilities	\$ _____
*Furniture	\$ _____		
*Stocks & Bonds	\$ _____		
Total Investment	\$ _____		
Less: Investment			
Liabilities			
Net Investment Assets	\$ _____		
Total Assets	\$ _____		

How often are regular meetings held?

MAIL ORIGINAL TO: Supreme Master**MAIL COPIES TO:** Vice Supreme Master, Master, Assembly File



COLUMBIAN SQUIRES
INQUIRY KIT ORDER FORM

The Columbian Squires is a leadership development program for young Catholic men, 12-18* years old. There are over 20,000 Catholic young men in over 1,300 local units, called circles, throughout the United States, Canada, Mexico, the Philippines, Puerto Rico, the Bahamas, the Virgin Islands and Guam.

The Squires is designed to develop young men as leaders who understand their Catholic religion, who have a strong commitment to the Church and who are ready, willing and capable of patterning their lives after the Youth Christ.

A Squires circle must be sponsored by a council or assembly, but is run by and for young men, under the guidance of several Knights, who serve as counsellors. Squires are to be leaders, thus, to the degree they are able, they are given the opportunity to lead, by running their own meetings, investing their own members, setting their circle's agenda and implementing their program of activities.

Squires have fun. They meet new friends, they travel, play sports and socialize. And Squires are serious-minded too. Squires are involved in promoting vocations, marching in defense of unborn life, feeding the hungry, clothing the poor, supporting Special Olympics and promoting Catholic education, among countless other activities. Thus, the Squires circle is an athletic team, a youth group, a social club, a cultural and civic improvement association, a management training course, a civil rights organization and a spiritual development program all rolled into one.

The Squires is the official youth organization of the Knights of Columbus.

To institute or reactivate a Squires circle, complete and forward this form to the Supreme Council office. Upon receipt, a Squires Inquiry Kit, containing Squires handbooks, counsellor recruitment materials and documents for instituting or reactivating your circle, will be sent to you immediately.

Detach and mail to: Knights of Columbus Supreme Council Office Department of Fraternal Services
1 Columbus Plaza, New Haven, CT 06510-3326 or Fax to: (203) 752-4108

Yes!
Send me
more
information
about
starting a
Columbian
Squires Circle.

Assembly #
Name Title
Address
City State/Province Zip/Postal Code
Telephone #

MAIL TO: Supreme Council Department of Fraternal Services.
MAIL COPIES TO: State Deputy, District Deputy, Assembly File.



KNIGHTS OF COLUMBUS
SUPREME COUNCIL OFFICE • 1 COLUMBUS PLAZA
NEW HAVEN, CT 06510-3326

Non-Profit Organization
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PAID
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