



OHIO COLUMBIAN SQUIRES CIRCLE ACTIVITIES REPORT



CIRCLE # _____ NAME _____ LOCATION _____

[MAY - JUNE - JULY - AUG.] SEPT. OCT. NOV. DEC. JAN. FEB. MARCH APRIL

SPECIAL ACTIVITIES SPIRITUAL SERVICE CIRCLE MEMBERSHIP

CIRCLE REPORT:

The Activity _____ Number of Squires Planning Activity _____

Number of Squires Taking Part in Activity _____ Number of Knights Present _____

EXPLAIN YOUR ACTIVITY: (Also explain your photographs if applicable. Use additional sheet for more room).

CIRCLE VERIFICATION:

Report Submitted By: _____ Circle Counselor _____
Date Date

STATE OFFICER'S COMMENTS:

Points Claimed _____ Points Allowed _____ State Officers Signature: _____

-- ALL REPORTS MUST BE POSTMARKED BY THE 10th. FOLLOWING THE REPORTING PERIOD --