

Circle Name \_\_\_\_\_ Circle Number \_\_\_\_\_ Circle Location \_\_\_\_\_  
City, State/Province

Use this form to report major activities to the Supreme Council office for possible use in SQUIRES NEWSLETTER. Photographs and newspaper clippings describing the project may be attached to this report.

**DUPLICATE BEFORE COMPLETING. SAVE THIS ORIGINAL FOR FUTURE USE.**

**PROGRAM ORGANIZED BY:** (mark only one)

SPIRITUAL ACTIVITIES  
COMMITTEE

SERVICE ACTIVITIES  
COMMITTEE

CIRCLE ACTIVITIES  
COMMITTEE

MEMBERSHIP ACTIVITIES  
COMMITTEE

If available, place photo here.

Use scotch tape only on reverse side of photo.

Do not staple or write on photo. Use cardboard inserts.

**The Supreme Council office will credit the circle  
 \$25 if the photo is used in SQUIRES NEWSLETTER.**

Project Title: \_\_\_\_\_

Number of Squires attending  
activity: \_\_\_\_\_

Number of non-Squires attending  
activity: \_\_\_\_\_

No. of Squire manhours: \_\_\_\_\_

Amount of money raised: \$ \_\_\_\_\_

Organizations receiving charitable  
donations from activity profits:

Amount donated: \$ \_\_\_\_\_

Amount donated: \$ \_\_\_\_\_

List photo caption here (be sure to provide names and titles, left to right, for all people in photo):

\_\_\_\_\_

\_\_\_\_\_

*Please print all information*

**ACTIVITY DESCRIPTION (provide as much detail as possible)**

Why was the activity conducted? \_\_\_\_\_

\_\_\_\_\_

When was the activity conducted? \_\_\_\_\_

Where was the activity conducted? \_\_\_\_\_

Who participated in the activity? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Continue activity description on back of form)*

What did the committee do to organize the activity? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Highlights of activity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Describe any publicity activity received (attach copy of newspaper clippings, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Committee

Chairman's Name: \_\_\_\_\_

\_\_\_\_\_  
(Notary's Signature)

Telephone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(Chief Counselor's Signature)

Address: \_\_\_\_\_  
(street address)

(\_\_\_\_) \_\_\_\_\_  
(Chief Counselor's Telephone)

\_\_\_\_\_  
(town/city) (state/province) (zip/postal code)

Original to: Editor – Squires Newsletter  
Knights of Columbus  
1 Columbus Plaza  
New Haven, CT 06510 – 3326

Copy to: Circle File