



For Supreme Office Use Only

Rec'd _____

Due: WHEN ROUND TABLE IS FORMED THEN ANNUALLY

During his first address to the state deputies, Supreme Knight Carl Anderson stated that "we have nothing less than a moral obligation to offer every eligible Catholic man the opportunity and the privilege of membership in our Order." He also stated, "we must have a Knights of Columbus presence in every parish." Therefore, councils serving more than one parish are urged to implement the Parish Round Table program in each of the parishes. They serve there by establishing a Knights of Columbus presence.

Under the Parish Round Table concept, council members belonging to each parish will become members of the Parish Round Table developed to assist the pastor with any project that he may assign to the group. The pastor will be asked to recommend a member from the group and the grand knight will appoint that member as the coordinator. **However, the coordinator must be a member from the council that sponsors the Round Table.** Round Tables should also be offered to small parishes or missions within your area. These parishes need a Knights of Columbus presence and can also offer your council additional growth potential.

Please print or type names and membership numbers for those directors and/or chairmen appointed for the Parish Round Tables of the council. Failure to include membership numbers will only delay the processing and receipt of special program materials, which include PROGRAM SUPPLEMENT.

The Report of Round Table Coordinator (Form #2629) should be submitted to the Supreme Council as soon as the Round Table is formed. If there are address changes, additions or deletions of coordinators at any time during the year please notify the Supreme Council Department of Council Growth and Development. State Councils will continue to be urged to form new councils in those parishes large enough to support a council and are not being sponsored by a Round Table.

Additional information on the Parish Round Table program may be obtained by contacting the Supreme Council Department of Council Growth and Development. Form 2629 must be filed each year even if the Coordinator is the same member.

Is your Council a Parish Council? Yes Is your Council Non-Parish Based (own council hall)? Yes Is your Round Table Spanish speaking? Yes

Date _____ Council No. _____

City _____ State or Province _____

Name of Base Parish _____ Diocese _____

(1) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
ADDRESS				
STREET		CITY	STATE	ZIP
TELEPHONE				
AREA CODE	PHONE NO.	PARISH:	CITY	

(2) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
ADDRESS				
STREET		CITY	STATE	ZIP
TELEPHONE				
AREA CODE	PHONE NO.	PARISH:	CITY	

(3) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
ADDRESS				
STREET		CITY	STATE	ZIP
TELEPHONE				
AREA CODE	PHONE NO.	PARISH:	CITY	

(3) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
ADDRESS				
STREET		CITY	STATE	ZIP
TELEPHONE				
AREA CODE	PHONE NO.	PARISH:	CITY	

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ADDRESS				
STREET		CITY	STATE	ZIP
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AREA CODE	PHONE NO.	PARISH:	CITY	

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ADDRESS				
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AREA CODE	PHONE NO.	PARISH:	CITY	

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ADDRESS				
STREET		CITY	STATE	ZIP
TELEPHONE				
AREA CODE	PHONE NO.	PARISH:	CITY	

_____ Grand Knight

(4) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
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ADDRESS	STREET	CITY	STATE	ZIP
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TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY
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(5) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
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ADDRESS	STREET	CITY	STATE	ZIP
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TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY
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(6) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
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ADDRESS	STREET	CITY	STATE	ZIP
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TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY
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(7) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
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ADDRESS	STREET	CITY	STATE	ZIP
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TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY
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(8) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
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ADDRESS	STREET	CITY	STATE	ZIP
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TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY
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(9) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
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ADDRESS	STREET	CITY	STATE	ZIP
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TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY
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MAIL ORIGINAL TO: Supreme Council Department of Council Growth and Development
 MAIL COPIES TO: State Deputy, District Deputy, Council File