



**Knights of Columbus**  
**SQUIRES**  
*Youth Organization.*

# CIRCLE OFFICERS AND CHAIRMEN

FOR THE TERM  
 JULY 1, 20\_\_ TO JUNE 30, 20\_\_

Circle # \_\_\_\_\_ Co/Asm # \_\_\_\_\_

DUE BY: AUGUST 1

PLEASE PRINT – INDICATE MEMBERSHIP NUMBERS

**MEETING LOCATION ADDRESS**

DATE OF ELECTION \_\_\_\_\_

STREET

ADDITIONAL ADDRESS

CITY

ST

POSTAL CODE

**CHIEF SQUIRE**

MEMBERSHIP NO.

LAST NAME

FIRST NAME

INITIAL

TELEPHONE NUMBER

E-MAIL ADDRESS

ADDRESS

**FATHER PRIOR**

MEMBERSHIP NO.

LAST NAME

FIRST NAME

INITIAL

TELEPHONE NUMBERS:

RESIDENCE

BUSINESS

E-MAIL ADDRESS

ADDRESS

**DEPUTY CHIEF SQUIRE**

MEMBERSHIP NO.

LAST NAME

FIRST NAME

INITIAL

E-MAIL ADDRESS

**NOTARY**

MEMBERSHIP NO.

LAST NAME

FIRST NAME

INITIAL

E-MAIL ADDRESS

**BURSAR**

MEMBERSHIP NO.

LAST NAME

FIRST NAME

INITIAL

E-MAIL ADDRESS

**SPIRITUAL CHAIRMAN**

MEMBERSHIP NO.

LAST NAME

FIRST NAME

INITIAL

E-MAIL ADDRESS

**SERVICE CHAIRMAN**

MEMBERSHIP NO.

LAST NAME

FIRST NAME

INITIAL

E-MAIL ADDRESS

**CIRCLE CHAIRMAN**

MEMBERSHIP NO.

LAST NAME

FIRST NAME

INITIAL

E-MAIL ADDRESS

**MEMBERSHIP CHAIRMAN**

MEMBERSHIP NO.

LAST NAME

FIRST NAME

INITIAL

E-MAIL ADDRESS

**OUR CIRCLE...**

HAS ITS OWN CEREMONIAL TEAM

YES  NO

IS  COUNCIL  CHURCH

SCHOOL  MILITARY-BASED

MEETS \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_

# CIRCLE COUNSELORS

List below the Knights who have been appointed to the positions of chief counselor and counselor in the Squires circle. Each Knight who has been appointed to the position of chief counselor or counselor must have a current, approved Youth Leader application (Form #4348) on file at the Supreme Council office. If he does not, he must complete a Youth Leader Application Form (#4348) and submit it to the grand knight/faithful navigator. Priests serving as father prior are exempt from submitting Form #4348. Priests are also exempt if they are serving as chief counselor or as a counselor, and their status as a priest should be indicated by checking the "Priest" box next to their entry.

YOUTH LEADER FORM #4348 <small>(Check One)</small>			CHIEF COUNSELOR			
SUBMITTED TO GK/FN	ON FILE	PRIEST				
			MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
			TELEPHONE NUMBERS:	RESIDENCE	BUSINESS	FAX
			ADDRESS			
			E-MAIL ADDRESS			

YOUTH LEADER FORM #4348 <small>(Check One)</small>			COUNSELORS			
SUBMITTED TO GK/FN	ON FILE	PRIEST				
			MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
			E-MAIL ADDRESS			
			MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
			E-MAIL ADDRESS			
			MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
			E-MAIL ADDRESS			
			MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
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			E-MAIL ADDRESS			
			MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
			E-MAIL ADDRESS			