Knights of Columbus SQUIRES Youth Organization

ANNUAL SURVEY OF FRATERNAL ACTIVITY

FOR TWELVE MONTH PERIOD ENDING DECEMBER 31, 2011

S Circle Number _____ **Location** _____
city/town state/province

I. NUMBER OF MEETINGS HELD DURING YEAR:

1. Regular	
2. Social	
3. Special	
TOTAL NUMBER OF MEETINGS HELD	0

II. ACTIVITY EXPENSE

	DOLLARS ONLY:
1. a. Printing and Postage	
b. Food and Refreshments	
c. Prizes	
d. Projects	
e. Entertainment	
f. Miscellaneous	
TOTAL ACTIVITY EXPENSES	0

III. CHARITABLE DISBURSEMENTS:

Church Activities

	DOLLARS ONLY:
1. a. Church Facilities	
b. Catholic Schools	
c. Religious Education	
d. Seminarians/RSVP	
e. Seminaries	
f. Vocations Projects	
g. Miscellaneous	
Total Church Disbursements	0

Community Activities

	DOLLARS ONLY:
2. a. Elderly	
b. Physically Disabled	
c. Special Olympics	
d. Intellectual Disabilities	
e. Human Needs	
f. Victims of Disasters	
g. Hospitals/Institutions	
h. Health and Service Organizations	
i. Community–wide Projects	
j. Habitat for Humanity Projects	
k: Miscellaneous	
Total Community Disbursements	0

Pro-Life Activities

	DOLLARS ONLY:
3. a. Donations	
b. Hall usage	
c. Birthright	
d. Baby showers	
e. Baby bottle campaign	
f. Memorials to unborn children	
g. Ultra-sound program	
Total Pro-Life Disbursements	0

Youth Activities

	DOLLARS ONLY:
4. a. Columbian Squires	
b. Scouting	
c. Youth Groups	
d. Youth Welfare/Services	
e. Athletics	
f. Scholarships/Education	
g. Miscellaneous	
Total Youth Disbursements	0
TOTAL CHARITABLE (Church, Community, Pro-Life and Youth) DISBURSEMENTS	0

IV. FRATERNAL COMMITMENT:

1. Number of visits to:	
a. Sick	
b. Bereaved	
Total Visits	0
2. Number of blood donors	
3. Habitat for Humanity Projects	

Estimated hours of volunteer service:

4. a. Church	
b. Community	
c. Youth	
d. Habitat for Humanity	
e: Miscellaneous	
Total Volunteer Hours	0

Estimated hours of fraternal service:

5. Sick/disabled members and their families	

(Signed) _____
(Chief Squire)

(Signed) _____
(Burser)

Date: _____

FORWARD TO: Supreme Council Department of Fraternal Services.
COPY TO: State Deputy, State Squires Chairman, Circle File.

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