



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
			E-MAIL ADDRESS			
			MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
			E-MAIL ADDRESS			
			MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
			E-MAIL ADDRESS			

SIGNED _____ NOTARY _____ DATE _____ CHIEF COUNSELOR _____ DATE _____

FORWARD TO: Knights of Columbus
 Department of Membership Records
 1 Columbus Plaza
 New Haven, CT 06510-3326

COPIES TO: State Squires Chairman, Grand Knight, Circle File