Silver Rose
Jurisdiction Schedule Form

Canada –United States – Mexico

Jurisdiction: _____

List participating units by the date of their participation in the program. Please provide the name, number, and e-mail address of a designated contact.

Date	Town/City	Location: Church/Council/Home	Time of Event	Contact Name	Contact Phone	Contact E-mail

Date	Town/City	Location: Church/Council/Home	Time of Event	Contact Name	Contact Phone	Contact E-mail

At least two weeks prior to start of jurisdiction's program, email the completed form to fraternalmission@kofc.org