

Counselor of the Year Award, Ohio State Circle

Worthy State Chief Squire:

Our Circle: _____
Name of Circle, Number, Diocese

submits the following name as its Circle Nominee for the Counselor of the Year Award

First, Middle, Last Name

Date of Birth _____, Age _____, Church/Parish _____

Address _____ City _____

Telephone Number _____

Parish/ Church Involvement: _____

Council/Circle Involvement: _____

Community Involvement: _____

Other Comments: _____

Mail to the Chief Squire by May 10th. Feel free to use multiple pages.

***** Make copy of PROGRAM BOOK original *****