

OHIO STATE CIRCLE COLUMBIAN SQUIRES SQUIRES INVESTITURE REPORT

Please send to: Deputy Chief Squire

Location Held _____ Date _____

Circle # _____ Circle Name _____

Council # _____ Council Name _____

Diocese _____ City _____

Investiture Team _____

Circle Number

Circle Name and Location

Squires Invested:

Name	Circle No.	Name	Circle No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Practice Investiture:

Five Knights used as candidates were:

_____ Attest by Grand Knight _____

_____ Chief Counselor _____

_____ Chief Squire _____

Investiture Team Captain (only if visiting team)

Please save original copy and duplicate