

**OHIO STATE CIRCLE COLUMBIAN SQUIRES
INVESTITURE TEAM REPORT FORM**

Send to: Deputy Chief Squire

Circle Name _____ Circle No. _____

City _____ Zip _____ Diocese _____

Team Captain _____

Address _____

City _____ Zip _____

Telephone (_____) _____

Staff Personnel

Chief Squire _____

Deputy Chief _____

Notary _____

Marshal _____

Sentry _____

Arm Captain _____

Pole Captain _____

Chancellor _____

Counselor _____

Date of Audit _____

Location of Audit:

Signature of Auditor of Investiture _____

Please save original copy and duplicate