

OHIO STATE CIRCLE COLUMBIAN SQUIRES INVESTITURE TEAM REPORT

Please send to: Deputy Chief Squire

Circle Name: _____ Circle No. _____

City _____ Zip _____ Diocese _____

Team Captain _____

Address _____

City _____ State: _____ Zip _____

Telephone (____) _____

Staff Personnel

Chief Squire _____

Deputy Chief _____

Notary _____

Marshal _____

Sentry _____

Arm Captain _____

Pole Captain _____

Chancellor _____

Counselor _____

Date/Location of Audit: _____

Signature of Auditor of Investiture: _____