

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

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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: \_\_\_\_\_

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Signature of Auditor of Investiture: \_\_\_\_\_