OHIO COLUMBIAN SQUIRES CIRCLE
ACTIVITIES REPORT

CIRCLE #_____ NAME_____ LOCATION_____

[MAY - JUNE - JULY - AUG.] SEPT. OCT. NOV. DEC. JAN. FEB. MARCH APRIL

SPECIAL ACTIVITIES SPIRITUAL SERVICE CIRCLE MEMBERSHIP

CIRCLE REPORT:

The Activity_____ Number of Squires Planning Activity_____

Number of Squires Taking Part in Activity _____ Number of Knights Present_____

EXPLAIN YOUR ACTIVITY: (Also explain your photographs if applicable. Use additional sheet for more room).

CIRCLE VERIFICATION:

Report Submitted By:_____ Date Circle Counselor_____ Date

STATE OFFICER'S COMMENTS:_____

Points Claimed_____ Points Allowed_____ State Officers Signature:_____

-- ALL REPORTS MUST BE POSTMARKED BY THE 10th. FOLLOWING THE REPORTING PERIOD –