



## California State Circle - Columbian Squires

621 Monica Circle, Oceanside, CA 92057-3508

### Insurance Coverage Financial Statement Columbian Squires and Counselors Due and payable on or before January 15th

Name of Circle: \_\_\_\_\_  
Circle Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip +4: \_\_\_\_\_

Please cover all Squires and Counselors listed on the reverse side of this form.  
Indicate Counselor(s) by placing "Mr." in front of their name(s).

If your Council / Assembly-sponsored Circle is covered under your Council/Assembly insurance policy, or for some reason you wish to reject this offer of insurance, this form MUST be returned to the State Chairman signed by the Chief Counselor and Grand Knight/Faithful Navigator with a copy of your insurance policy for our file. In order to operate a Columbian Squires Circle under the auspices of the Knights of Columbus, proof of insurance IS required. Furthermore, uninsured Circles will not be able to attend the annual State Circle Convention in June.

#### OFFER REJECTED:

\_\_\_\_\_  
*Chief Counselor*

\_\_\_\_\_  
*Grand Knight / Faithful Navigator*

_____ Columbian Squires to be covered	@ \$5.00 each	\$ _____
_____ Counselors to be covered	@ \$5.00 each	\$ _____
	Past Due Amount	\$ _____
	Total Due	\$ _____

Payable by check only to:  
California State Circle — Columbian Squires

#### STATE CIRCLE USE ONLY

Circle No.	_____	Number of Squires covered	_____
Council/Assembly No.	_____	Number of adults covered	_____
		Total number covered	_____

Date check received: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Check No.: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_

Forward to:  
Armando L. Mena, Chairman  
California State Circle—Columbian Squires  
621 Monica Circle  
Oceanside, CA 92057-3508

## COLUMBIAN SQUIRES California State Circle

The following Columbian Squires and counselors (indicated by “Mr.”) are currently on our January 1 roster and wish to have insurance coverage for the coming calendar year.

### **PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION**

**Be sure all addresses include ZIP+4 (can be obtained at**  
<http://zip4.usps.com/zip4/welcome.jsp>).

**FULL NAME:**

**STREET ADDRESS/P.O. BOX:**

**CITY:**

**ZIP CODE:**

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