Number of Squires in Circle:_____

_____ **Circle** _____

Circle Name Circle Number

Columbian Squires

_____ **, California**

Circle City

ACTIVITY REPORT

Sponsored by_____ **Council / Assembly**_____

Name Number

TYPE OF ACTIVITY

SPIRITUAL ☐ **SERVICE** ☐ **MEMBERSHIP** ☐ **CIRCLE** ☐

Number of Squires on committee:_____ Number of Squires attending activity:_____

Project title:_____ Date held:_____

Describe the activity and what the committee had to do to organize it (who, what, where, when, why):

_____

_____

_____

_____

_____

_____

_____

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_____

_____

_____

_____

_____

Committee Chairman's Signature

Chairman's Address:

_____

_____

_____

_____

Notary Squire's Signature

_____

Chief Counselor's Signature

Send original to state director; retain copy for file.