



Number of Squires in Circle: _____

Circle _____

Circle Name

Circle Number

Columbian Squires

_____, **California**

Circle City

**A
C
T
I
V
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T
Y

R
E
P
O
R
T**

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):

Committee Chairman's Signature

Chairman's Address:

Notary Squire's Signature

Chief Counselor's Signature

Send original to state director; retain copy for file.