



KNIGHTS OF COLUMBUS

IOWA
MONTHLY
YOUTH ACTIVITY
FORM



Columbian Squires

Circle Number _____ # of Squires _____

Chief Counselor _____

of other Counselors _____

Activities involving the Squires with your Council

1. _____
2. _____
3. _____
4. _____

Youth activities other than Squires

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

