



Knights of Columbus

S Q U I R E S

Youth Organization.



Columbian Squires

COLORADO STATE CIRCLE No. 8006



Colorado Springs, CO 80911

JANUARY 26, 2012

Dear Chief Counselor,

- 1. On April 28, 2012 the State Squire Circle will hold its annual Squire Convention at the Embassy Suites Hotel, located at 4705 Clydesdale Parkway, Loveland, Colorado 80538. The phone number of the Hotel is 1-800-363-2779.**
- 2. Attached you will find the agenda for the convention and with a request by the State Squire Chairman for your response by April 13, 2012.**
- 3. The State Squire Chairman is Walter Parsons. He can be reached at (719) 390-1422 (home) , (719)963-9163 (cell), and an e-mail address of wpars01@msn-com. The mailing address for the State Squire Circle is 5030 Harrington Drive, Colorado Springs, Colorado 80911.**
- 4. The Convention is a great opportunity to showcase the Squires Program, provide information as to what it is all about and motivate more interest in the starting of additional Circles in the State of Colorado.**
- 5. Remember, each Circle is entitled to four delegates. Each delegate must have their Squire dues paid to be eligible to vote for the new State Squire officers.**
- 6. A Squires program will only work if you get the boys interested. By providing this convention, it will be a good way to generate interest and have questions answered. Besides having the squires meeting, all Counselors will have a special session so that we are able to get to know one another and put Colorado on the map.**

Esto Dignus

**Walter A. Parsons
State Squire Chairman**



Columbian Squires



STATE SQUIRE CONVENTION

LOVELAND, COLORADO

AGENDA

SATURDAY APRIL 28, 2012

8:00 – 8:30 REGISTRATION

8:30 - 8:45 STATE DEPUTY REMARKS

8:45 - 9:00 ICE BREAKER GAME

9:00 - 9:30 CIRCLE REPORTS

9:30 – 10:00 STATE CHIEF COUNSELOR

10:00-10:15 BREAK

10:15-11:00 ELECTION OF STATE SQUIRE OFFICERS (six to be elected)

11:00-11:15 STATE SQUIRE OFFICERS REPORT TO THE KOC CONVENTION

11:30-12:30 LUNCH

12:30-1:00 SILVER ROSE REPORT FOR 2012

1:00-1:30 CHIEF COUNSELORS MEETING (STATE CHIEF COUNSELOR)

1:00-1:30 STATE SQUIRE OFFICERS MEETING (STATE SQUIRE CHAIRMAN)

1:30-2:00 FINAL COMMENTS

2:00-3:30 AWARDS CEREMONY

5:00-7:00 ANNUAL COLORADO STATE MEMORIAL MASS



REGISTRATION FORM 2012 SQUIRE CONVENTION

1. NAME _____
ADDRESS _____
CIRCLE NO. _____
CIRCLE NAME _____
CIRCLE ADDRESS _____

2. CHIEF COUNSELLOR _____
ADDRESS _____
COUNCIL NO. _____
PHONE NUMBER _____
E-MAIL ADDRESS _____

3. DELEGATE (1) _____
DELEGATE (2) _____
DELEGATE (3) _____
DELEGATE (4) _____

4. I (WILL / WILL NOT) ATTEND THE SQUIRE
CONVENTION. PLEASE REMEMBER REGISTRATION
FEE IS \$5.00 FOR EACH MEMBER ATTENDING.



Columbian Squires

FOUNTAIN VALLY CIRCLE, No. 2798
Colorado Springs, CO 80911



PERMISSION SLIP

I hereby give permission for my child children, _____ to participate in the activity described below: _____

Type of Activity: _____

Description of Activity: _____

Supervisor of Activity: _____

Date and Time of Activity: _____

Method of Transportation (if applicable): _____

Cost: (if applicable): _____

My child or children has/have no medical or physical limitations which might limit his, her, or their participation in the activity other than those which I have described on the page which I have attached to this Permission Slip. As parent or guardian, I agree that I shall be fully responsible and liable for any injury, hand, or property loss or damage caused by my child or children during the activity. Should my child or children misbehave during the activity, I hereby give permission for the Supervisor of the Activity or his or her designee to direct my child to stop misbehaving, to take 'time out,' or to be returned home by appropriate means.

Date Signature: _____

Printed Name: _____

Address: _____

Emergency Phone Numbers: _____