REPORT OF
ROUND TABLE COORDINATOR

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For Supreme Office Use Only
Rec'd _____

During an address to the state deputies, Supreme Knight Carl Anderson stated that "we have nothing less than a moral obligation to offer every eligible Catholic man the opportunity and the privilege of membership in our Order." He also stated, "we must have a Knights of Columbus presence in every parish." Therefore, councils serving more than one parish are urged to implement the Parish Round Table program in each of the parishes.

Under the Parish Round Table concept, council members belonging to the parish will become members of the Parish Round Table developed to assist the pastor with any project that he may assign to the group. The pastor will be asked to recommend a member from the group and the grand knight will appoint that member as the coordinator. Round Tables should also be offered to small parishes or missions within your area. These parishes need a Knights of Columbus presence and can also offer your council additional growth potential.

Please print or type names and membership numbers for those coordinators appointed for the Parish Round Tables. Failure to include membership numbers will only delay the processing and receipt of special program materials, which include **PROGRAM SUPPLEMENT.**

The report of round Table Coordinators (Form #2629) should be submitted to the Council Growth and Development Department upon formation of the Round Table. If there are address changes, additions or deletions of coordinators at any time during the year please notify the Supreme Council Growth and Development Department. State Councils will continue to be urged to form new councils in those parishes large enough to support a council and are not being sponsored by a Round Table.

Additional information on the Parish Round Table program may be obtained by contacting the Supreme Council Growth and Development Department.

Is your Council a Parish Council   Yes   Is your Council Non-Parish (owns its own home)   Yes

Date _____   Council No. _____

City _____   State or Province _____

Diocese _____   Name of Primary Parish _____

	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
(1) ROUNDTABLE COORDINATOR:				
	STREET	CITY	STATE	ZIP
ADDRESS				
TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY:	
	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
(2) ROUNDTABLE COORDINATOR:				
	STREET	CITY	STATE	ZIP
ADDRESS				
TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY:	
	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
(3) ROUNDTABLE COORDINATOR:				
	STREET	CITY	STATE	ZIP
ADDRESS				
TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY:	

SUBMIT ORIGINAL TO: Supreme Council Department of Council Growth and Development
SEND COPIES TO: State Deputy, District Deputy, Council File

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MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL

(4) ROUNDTABLE COORDINATOR:

	STREET	CITY	STATE	ZIP
ADDRESS				

TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY:

MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL

(5) ROUNDTABLE COORDINATOR:

	STREET	CITY	STATE	ZIP
ADDRESS				

TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY:

MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL

(6) ROUNDTABLE COORDINATOR:

	STREET	CITY	STATE	ZIP
ADDRESS				

TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY:

MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL

(7) ROUNDTABLE COORDINATOR:

	STREET	CITY	STATE	ZIP
ADDRESS				

TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY:

MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL

(8) ROUNDTABLE COORDINATOR:

	STREET	CITY	STATE	ZIP
ADDRESS				

TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY:

MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL

(9) ROUNDTABLE COORDINATOR:

	STREET	CITY	STATE	ZIP
ADDRESS				

TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY:

MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL

(10) ROUNDTABLE COORDINATOR:

	STREET	CITY	STATE	ZIP
ADDRESS				

TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY:

MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL

(11) ROUNDTABLE COORDINATOR:

	STREET	CITY	STATE	ZIP
ADDRESS				

TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY:

MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL

(12) ROUNDTABLE COORDINATOR:

	STREET	CITY	STATE	ZIP
ADDRESS				

TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY:

"I hereby certify and affirm that the information provided herein is true and accurate, to the best of my information and belief."

Grand Knight _____   Membership Number_____

_____

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THIS FORM MAY BE COMPLETED AND SUBMITTED ELECTRONICALLY