

Oregon State Council Knights of Columbus

OREGON 2017-18 CEREMONIAL REQUEST FORM NOTIFICATION

Date this form was submitted: _____

Date requested for degree: _____

Council Numbers: _____

City: _____

Degree to take place at: _____

Time for Degree Team to meet with host council members: _____

Location for Degree Team to meet with council members: _____

Arrival time for candidates: _____

Starting time for 2nd and 3rd Degree: _____

A First Degree will be offered. Y/N _____

Time of First Degree: _____

Degree to take place at: _____

Number of anticipated 2nd and 3rd Degree candidates: _____

Other Districts involved: _____

District Deputy: _____

E-Mail: _____

Phone: _____

Note: This is a request only. The State Deputy will send confirmation if approved