



PARISH AND ROUND TABLE REPORT

COUNCIL NAME: _____ **NUMBER:** _____

LOCATION: _____ **DISTRICT:** _____

COUNCIL REPORT

Please list each of the parishes your council serves. If more than one parish is listed, indicate whether or not a Parish Round Table has been established (completed Form #2629). Also check (SP) for each parish that offers services in Spanish.

1. _____ Round Table: Yes ___ SP ___

2. _____ Round Table: Yes ___ SP ___

3. _____ Round Table: Yes ___ SP ___

4. _____ Round Table: Yes ___ SP ___

5. _____ Round Table: Yes ___ SP ___

<p>Please return form to: Ontario State Council, 393 Rymal Road West, Suite 201, Hamilton, Ontario L9B 1V2 Fax: (905) 388-8738</p>

Grand Knight: _____

Date: _____