



MASSACHUSETTS STATE COUNCIL

COUNCIL VISITATION FORM

COUNCIL NAME/NUMBER: _____

TYPE OF EVENT: _____

LOCATION OF EVENT: _____

DATE/TIME OF EVENT: _____

GRAND KNIGHT: _____

TELEPHONE NUMBER: _____

CHURCH SERVICE: MASS [YES] [NO] TIME: _____

GUESTS: STATE DEPUTY/DESIGNEE INVITED [] WIVES []

STATE BOARD MEMBERS INVITED [] WIVES []

DRESS: BUSINESS SUIT [] TUXEDO [] CASUAL []

FOOD: DINNER [] SNACK [] NONE []

DIRECTIONS: _____

Please complete and mail to the State Office ASAP at 470 Washington Street, Norwood, MA 02062. Fax number 781-551-0490