



During Supreme Knight Carl Anderson's first address to the state deputies, he 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. They serve there by establishing a Knights of Columbus presence.

Under the Parish Round Table concept, council members belonging to each 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. **However, the coordinator must be a member from the council that sponsors the Round Table.** Round Tables should also be offered to small parishes and missions within your area that cannot sustain their own council. 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 chairman appointed for the Parish Round Tables of the council. Failure to include membership numbers will only delay the processing. The Report of Round Table Coordinator (Form #2629) should be submitted to the Supreme Council as soon as the Round Table is formed. If there are address changes, additions or deletions of coordinators at any time during the year please notify the Supreme Council Department of Membership Growth and Ceremonials. State Councils will continue to be urged to form new councils in those parishes large enough (over 150 families or 600 parishioners) to support a council.

Additional information on the Parish Round Table program may be obtained by contacting the Supreme Council Department of Membership Growth and Ceremonials. Form 2629 must be filed each year even if the Coordinator is the same member.

Is your Council a Parish Council? Yes No **Base/Main Parish:** _____

Council: _____ **City:** _____

Jurisdiction: _____ **Language:** E F S Other

Diocese: _____ **Specify Language if Other:** _____

(1) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
STREET		CITY	STATE	ZIP

PHONE NO.	PARISH:	CITY:		
NUMBER OF COUNCIL MEMBERS AT THIS PARISH: _____		NUMBER OF FAMILIES AT PARISH: _____		

(2) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
STREET		CITY	STATE	ZIP

PHONE NO.	PARISH:	CITY:		
NUMBER OF COUNCIL MEMBERS AT THIS PARISH: _____		NUMBER OF FAMILIES AT PARISH: _____		

(3) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
STREET		CITY	STATE	ZIP

PHONE NO.	PARISH:	CITY:		
NUMBER OF COUNCIL MEMBERS AT THIS PARISH: _____		NUMBER OF FAMILIES AT PARISH: _____		

(5) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
	STREET CITY STATE ZIP			
PHONE NO. _____ PARISH: _____ CITY: _____				
NUMBER OF COUNCIL MEMBERS AT THIS PARISH: _____ NUMBER OF FAMILIES AT PARISH: _____				

(6) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
	STREET CITY STATE ZIP			
PHONE NO. _____ PARISH: _____ CITY: _____				
NUMBER OF COUNCIL MEMBERS AT THIS PARISH: _____ NUMBER OF FAMILIES AT PARISH: _____				

(7) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
	STREET CITY STATE ZIP			
PHONE NO. _____ PARISH: _____ CITY: _____				
NUMBER OF COUNCIL MEMBERS AT THIS PARISH: _____ NUMBER OF FAMILIES AT PARISH: _____				

(8) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
	STREET CITY STATE ZIP			
PHONE NO. _____ PARISH: _____ CITY: _____				
NUMBER OF COUNCIL MEMBERS AT THIS PARISH: _____ NUMBER OF FAMILIES AT PARISH: _____				

(9) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
	STREET CITY STATE ZIP			
PHONE NO. _____ PARISH: _____ CITY: _____				
NUMBER OF COUNCIL MEMBERS AT THIS PARISH: _____ NUMBER OF FAMILIES AT PARISH: _____				

(10) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
	STREET CITY STATE ZIP			
PHONE NO. _____ PARISH: _____ CITY: _____				
NUMBER OF COUNCIL MEMBERS AT THIS PARISH: _____ NUMBER OF FAMILIES AT PARISH: _____				

MAIL ORIGINAL TO: Supreme Council, Department of Membership Growth and Ceremonials
 MAIL COPIES TO: State Deputy, District Deputy, Council File

_____ Grand Knight