



# 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, Suit #6,  
Norwood, MA 02062. Fax number 781-551-0490