

IN-SOI-AMB



Knights of Columbus INDIANA STATE COUNCIL

DUE BY: August 1st

SPECIAL OLYMPICS INDIANA AMBASSADOR APPOINTMENT FORM

For Fraternal Year 20__ - 20__

This form should be completed annually, even if the same Council member is reappointed as Special Olympics Ambassador.

Council Number _____ District Number _____

Council Name _____

Grand Knight _____

District Deputy _____

SOI Ambassador: Name _____

Spouse (If Married) _____

Address _____

City and ZIP _____

Telephone – Day (_____) _____

Evening (_____) _____

E-mail _____

Date Submitted _____

Signed _____

Grand Knight

SUBMIT TO: State Community Director

COPIES TO: State Special Olympics Chairman, District Deputy
Council Files

A fill-in version of this form is available online at
<http://www.indianakofc.org/forms>