



Circle Information for the Directory

City: _____

Circle Number: _____

Circle Name: _____

Meeting Location: _____

Meeting Time: _____

Meeting Day: _____

Chief Counselor: _____

Address: _____

City: _____ TX, Zip: _____

Phone Number: _____

Email: _____

Chief Squire: _____

Address: _____

City: _____ TX, Zip: _____

Phone Number: _____

Email: _____