



Knights of Columbus

Third New York District

Fourth Degree Exemplification

April 20, 2024

Banquet and Information Sheet

Assembly Number and Name:
Associated Council Numbers:
Contact Person and Number:

Please fill out one form for each ASSEMBLY attending the Exemplification. (PLEASE PRINT CLEARLY). This list will be used to establish the number of people attending the banquet. Please use one line per person. If you need additional space, copy the sheet. PRINT NAMES and place a check (X) in the appropriate boxes.

Guests include Spouse, Spectator, Color Corps

	Candidate	Guest	Color Corps Y/N	Title	Total
Last Name, First Name	\$90	\$40			

Include ONE check from the ASSEMBLY for all that are on this form and send to: TOTAL AMOUNT ENCLOSED:

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