

**MICHIGAN STATE COUNCIL
KNIGHTS OF COLUMBUS**

January 2019

TO: Diocesan Chaplains, Past State Deputies, District Deputies, State Directors, Regional Directors,
Diocesan Directors, Grand Knights, Masters, Faithful Navigators and Insurance General
Agents

Subject: State Chaplain's Membership Tribute Banquet

Plans have been completed for our Membership Tribute Banquet honoring our State Chaplain, Reverend Paul E. Erickson. Details are as follows:

Date: Saturday, February 23, 2019
Place: DeCarlo's Banquet & Convention Center
6015 East 10 Mile Rd. Warren, Michigan 48091
Social Hour: Starts at 4pm
Dinner: Dinner at 5:15pm with Program to follow
Donation: \$30.00 per person

Reservations are available through the Michigan State Council Office on a first come, first served basis. A check or money order must accompany all reservation requests. Make all checks payable to the Michigan State Council memo line — Tribute Banquet Tickets. Checks are to be mailed to; Michigan State Council Office 6025 Wall Street Sterling Heights, Michigan 48312.

Tables for ten (10) may be reserved by individual Councils, Assemblies or groups.

No tickets will be sold at the door.

ADMITTANCE BY RESERVATION ONLY.

This year there will be no Mass prior to the Banquet. Our State Chaplain encourages your Mass participation at your home parish in line with our initiative to support our parishes with our attendance and involvement.

We hope to see as many Councils as possible represented at this event. Grand Knights, invite your Council Membership Director and his wife. In addition I encourage all the Grand Knights to invite their Council Chaplains as well.

Quick Start Awards and State Chaplain Tribute Awards will be presented to those Councils that have qualified.

MEMBERSHIP TRIBUTE BANQUET
HONORING STATE CHAPLAIN, REVEREND PAUL E. ERICKSON
SATURDAY, FEBRUARY 23, 2019

PLEASE RESERVE _____ SEATS, AT \$30.00 EACH.

PAYMENT ENCLOSED FOR: \$ _____

NOTE: A TABLE WILL BE RESERVED FOR YOUR GROUP FOR EACH BLOCK OF TEN (10) RESERVATIONS ORDERED.

MAIL CONFIRMATION TO: NAME _____

• A D D R E S S

COUNCIL NO. _____ CITY _____ ZIP _____
