

**CATHOLIC DAUGHTERS OF THE AMERICAS**  
**NATIONAL HEADQUARTERS**



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September 25, 2019

Worthy Circle of Love Chairman,

I want to personally thank you for accepting the challenge and the position of Court Chairman for the Circle of Love Program for 2018 – 2020.

Attached please find a copy of this year's forms. Please be sure to ask your State Regent for the name and address of the State Chairman if it is not already on the form.

Please note the following guidelines for reporting on these forms:

- You should file the report for the two-year period of February 1, 2018, to February 1, 2020.
- As court chairman, please select **ONE** outstanding or unique event in which your court participated in your specific area of the Circle of Love and send it to the state for consideration and recognition. Be sure to include a completed cover sheet, "**LOCAL Chairman to State Chairman.**"
- In addition to mailing it to the State Chairman, please keep a copy of the cover sheet and entry for your court files.
- Remember: your submission must go through the state. Do **not** mail submissions directly to the national chairman.

Please encourage your court to participate in your spoke of the Circle of Love Program.

Thank you for your dedicated service to our organization and to our Church through the Catholic Daughters of the Americas.

In Unity and Charity,

Olga Samaniego, National Regent



Local Court Chairman to State Chairman  
Catholic Daughters of the Americas®  
**LEADERSHIP**  
Circle of Love Reporting Form  
February 1, 2018 – February 1, 2020

Court Name \_\_\_\_\_ Number \_\_\_\_\_

Regent \_\_\_\_\_ Local Chairman \_\_\_\_\_

Number of Members \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Local Court Chairman: Please fill out this form (Print/Type) and mail to:

State Chairman: Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**Title of the Project** \_\_\_\_\_

Describe **fully ONE project** in the **Circle of Love** program for **Leadership** completed by your court this past year. What was the goal for the activity? How many were involved? What impact did the activity have on your court or parish?

Please use the back of this page or additional sheets if necessary. Thank you for completing this report. We suggest that you keep a copy to pass on to the next chairman.



Local Court Chairman to State Chairman  
Catholic Daughters of the Americas®

**FAMILY**

Circle of Love Reporting Form  
February 1, 2018 – February 1, 2020

Court Name \_\_\_\_\_ Number \_\_\_\_\_

Regent \_\_\_\_\_ Local Chairman \_\_\_\_\_

Number of Members \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Local Court Chairman: Please fill out this form (Print/Type) and mail to:

State Chairman: Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**Title of the Project** \_\_\_\_\_

Describe **fully ONE project** in the **Circle of Love** program for **Family** completed by your court this past year. What was the goal for the activity? How many were involved? What impact did the activity have on your court or parish?

Please use the back of this page or additional sheets if necessary. Thank you for completing this report. We suggest that you keep a copy to pass on to the next chairman.



**Local Court Chairman to State Chairman  
Catholic Daughters of the Americas®  
QUALITY OF LIFE  
Circle of Love Reporting Form  
February 1, 2018 – February 1, 2020**

Court Name \_\_\_\_\_ Number \_\_\_\_\_

Regent \_\_\_\_\_ Local Chairman \_\_\_\_\_

Number of Members \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Local Court Chairman: Please fill out this form (Print/Type) and mail to:**

State Chairman: Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**Title of the Project** \_\_\_\_\_

Describe **fully ONE project** in the **Circle of Love** program for **Quality of Life** done by your court this past year. What was the goal for the activity? How many were involved? What impact did the activity have on your court or parish?

**Please use the back of this page or additional sheets if necessary. Thank you for completing this report. We suggest that you keep a copy to pass on to the next chairman.**



Local Court Chairman to State Chairman  
Catholic Daughters of the Americas®  
**SPIRITUAL ENHANCEMENT**  
Circle of Love Reporting Form  
February 1, 2018 – February 1, 2020

Court Name \_\_\_\_\_ Number \_\_\_\_\_

Regent \_\_\_\_\_ Local Chairman \_\_\_\_\_

Number of Members \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Local Court Chairman: Please fill out this form (Print/Type) and mail to:

State Chairman: Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**Title of the Project** \_\_\_\_\_

Describe **fully ONE project** in the **Circle of Love** program for **Spiritual Enhancement** completed by your court this past year. What was the goal for the activity? How many were involved? What impact did the activity have on your court or parish?

Please use the back of this page or additional sheets if necessary. Thank you for completing this report. We suggest that you keep a copy to pass on to the next chairman.



**Local Court Chairman to State Chairman  
Catholic Daughters of the Americas®  
EDUCATION  
Circle of Love Reporting Form  
February 1, 2018 – February 1, 2020**

Court Name \_\_\_\_\_ Number \_\_\_\_\_

Regent \_\_\_\_\_ Local Chairman \_\_\_\_\_

Number of Members \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Local Court Chairman: Please fill out this form (Print/Type) and mail to:**

State Chairman: Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**Title of the Project** \_\_\_\_\_

Describe **fully ONE project** in the **Circle of Love** program for **Education** completed by your court this past year. What was the goal for the activity? How many were involved? What impact did the activity have on your court or parish?

Please use the back of this page or additional sheets if necessary. Thank you for completing this report. We suggest that you keep a copy to pass on to the next chairman.



**Local Court Chairman to State Chairman  
Catholic Daughters of the Americas®  
LEGISLATION  
Circle of Love Reporting Form  
February 1, 2018 – February 1, 2020**

Court Name \_\_\_\_\_ Number \_\_\_\_\_

Regent \_\_\_\_\_ Local Chairman \_\_\_\_\_

Number of Members \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Local Court Chairman: Please fill out this form (Print/Type) and mail to:**

State Chairman: Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**Title of the Project** \_\_\_\_\_

Describe **fully ONE project** in the **Circle of Love** program for **Legislation** completed by your court this past year. What was the goal for the activity? How many were involved? What impact did the activity have on your court or parish?

**Please use the back of this page or additional sheets if necessary. Thank you for completing this report. We suggest that you keep a copy to pass on to the next chairman.**



Local Court Chairman to State Chairman  
Catholic Daughters of the Americas®  
**YOUTH / JCDA**  
Circle of Love Reporting Form  
February 1, 2018 – February 1, 2020

Court Name \_\_\_\_\_ Number \_\_\_\_\_

Regent \_\_\_\_\_ Local Chairman \_\_\_\_\_

Number of Members \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Local Court Chairman: Please fill out this form (Print/Type) and mail to:

State Chairman: Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

## Part I: YOUTH

Title of the Project \_\_\_\_\_

Describe **fully ONE project** in the **Circle of Love** program for **Youth** completed by your court this past year. What was the goal for the activity? How many were involved? What impact did the activity have on your court or parish?

Please use the back of this page or additional sheets if necessary. Thank you for completing this report. We suggest that you keep a copy to pass on to the next chairman.





**Local Court Chairman to State Chairman  
Catholic Daughters of the Americas®  
YOUTH / JCDA  
Circle of Love Reporting Form  
February 1, 2018 – February 1, 2020**

Court Name \_\_\_\_\_ Number \_\_\_\_\_

**Part II: JCDA**

1. Does your court sponsor a Junior or Juniorette court?
2. If you answered no to the above question, are you planning on starting one soon? Please include details.
3. If you answered yes, please answer the following questions.
4. What is the name of the Junior court and how many members are in the court?
5. What is the name of the Juniorette court and how many members are in the court?

Describe ONE outstanding project from the Junior or Juniorette Court. What was the goal for the activity? How many were involved? What impact did the activity have on your court or parish?

**Title of the Project** \_\_\_\_\_

**Please use the back of this page or additional sheets if necessary. Thank you for completing this report. We suggest that you keep a copy to pass on to the next chairman.**