

**The Saint Augustine Institute of Catholic Studies**  
CIRCLE REGISTRATION / SEMI-ANNUAL REPORT (FORM C)

Name of Circle \_\_\_\_\_

Place of Meeting \_\_\_\_\_

Regular Time of Meetings \_\_\_\_\_

Moderator \_\_\_\_\_

Telephone(s) \_\_\_\_\_

E-mail \_\_\_\_\_@\_\_\_\_\_@\_\_\_\_\_

Members (names, and unless already given, addresses, e-mail addresses and phone numbers):

1. \_\_\_\_\_

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2. \_\_\_\_\_

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3. \_\_\_\_\_

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4. \_\_\_\_\_

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5. \_\_\_\_\_

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10. \_\_\_\_\_

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11. \_\_\_\_\_

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12. \_\_\_\_\_

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