

Council # _____ Council Name _____ City _____

I. STANDARD COUNCIL ACTIVITIES.

A. Council Meetings. If you hold more than one meeting a month, put both numbers in the same blank and circle the second one.

NUMBER PRESENT	BRIEFLY DESCRIBE ANY SPECIAL PROGRAM OR ACTIVITY AT THE MEETING.
DEC _____	_____
JAN _____	_____
FEB _____	_____

	B. HELD MONTHLY OFFICERS MEETINGS	C. COUNCIL BULLETINS NUMBER SENT	D COUNCIL HOME ASS'N MEETINGS HELD
DEC	YES ___ NO ___	_____	YES ___ NO ___
JAN	YES ___ NO ___	_____	YES ___ NO ___
FEB	YES ___ NO ___	_____	YES ___ NO ___

COMMENTS: Use extra paper if necessary.

II. SUPREME COUNCIL REQUIREMENTS

A. OUR COUNCIL HAS COMPLETED AND MAILED TO THE SUPREME COUNCIL THE ANNUAL SURVEY OF FRATERNAL ACTIVITIES FORM #1728 FOR YEAR ENDING DEC 31 AND DUE JAN 31.

YES ___ NO ___

B. OUR COUNCIL HAS CONDUCTED A SEMIANNUAL AUDIT FOR JULY 1ST TO DECEMBER 31ST. THIS FORM IS DUE FEBRUARY 15TH.

YES ___ NO ___

III. STATE COUNCIL PROGRAMS

A. OUR DECEMBER FAMILY OF THE MONTH IS: _____

OUR DECEMBER KNIGHT OF THE MONTH IS: _____

OUR JANUARY FAMILY OF THE MONTH IS: _____

OUR JANUARY KNIGHT OF THE MONTH IS: _____

OUR FEBRUARY FAMILY OF THE MONTH IS: _____

OUR FEBRUARY KNIGHT OF THE MONTH IS: _____

IF YOU CHOOSE ONLY A FAMILY OR KNIGHT OF THE QUARTER, ENTER THE NAME IN THE LAST BLANK FOR THE QUARTER.

B. OUR COUNCIL HAS PARTICIPATED IN THE FREE THROW CONTEST - YES ___ NO ___
PEOPLE PRESENT AT LOCAL CONTEST _____ COUNCIL MAN-HOURS _____

C. OUR COUNCIL HAS PARTICIPATED IN THE ESSAY CONTEST - YES ___ NO ___
NUMBER OF ESSAYS SENT TO STATE _____ COUNCIL MAN-HOURS _____

D. OUR COUNCIL HAS CONTRIBUTED TO THE BISHOP'S BURSE - YES ___ NO ___
NUMBER OF PEOPLE PRESENT IF FUNDRAISER HELD _____ MAN-HOURS _____

This report is due March 15th to the State Program Director: John Limoges, 29521 463rd Ave, Centerville, SD 57014. Also send a copy to your District Deputy and save a copy for your files.

Date: _____ Council Number _____ Council Name _____

FOURTH QUARTER REPORT (continued)

IV. EVENTS HAPPENING ON A CONTINUING BASIS OR DONATIONS.

- A. Number of visits to: sick/disabled _____ Bereaved _____
- B. Hours of fraternal service for sick/disabled members and their families _____
- C. _____ members assisted our Squires Circle with _____ man-hours.
- D. Our council held a first degree for _____ new members on _____ (Date).
- E. _____ members of our council that attended/participated in a 1st, 2nd, 3rd degree initiation. Give date(s) and location(s) _____
- F. Our Council says at least one decade of the rosary during our meeting as requested by state resolution. YES _____ NO _____
- G. Our Council has adopted a seminarian and has supported either financially, spiritually, or with prayers. Examples of support may be monetary, letters, gifts for Christmas or other special occasions, prayers, etc.
Seminarian's name _____

H. Number of blood donors: _____

I. Donations made this Quarter: Circle only one activity area

- Amount _____ To _____ for Church, Community, Council, Youth, or Family
- Amount _____ To _____ for Church, Community, Council, Youth, or Family
- Amount _____ To _____ for Church, Community, Council, Youth, or Family
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