

KNIGHTS OF COLUMBUS
STATE COUNCIL
SERVICE PROGRAM AWARDS
ENTRY FORM FOR OUTSTANDING ACTIVITY

This reporting form must be completed by each council and forwarded to the State Council. (Make copies of this blank form as needed. A separate reporting form must be completed for each program category)

Who Benefits? _____

Category (Mark One) Church ____ Family ____
 Community ____ Youth ____
 Council ____

From: Council Name: _____ Council #: _____

Location: _____

Grand Knight: _____ Telephone #: _____

Activity Title: _____

Date Activity Conducted: _____

Annual Event: Yes__No__ Previous Award: Yes__No__ (1st __ 2nd __ 3rd __ Year ____)

Primary Purpose of Activity:

Number of council members participating in the activity: _____

Percentage of council members participating in the activity: _____

Number of Man-hours expended in activity: _____

Chairman's Name: _____

Telephone Number: _____

Mailing Address: _____

EACH COUNCIL MAY ENTER ONE ACTIVITY FOR EACH OF THE FIVE AREAS
(CHURCH, FAMILY, YOUTH COUNCIL, AND COMMUNITY) FOR THE FRATERNAL YEAR
 (Activity is judged on participation, project results, manpower hours and documentation)

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