



KNIGHTS OF COLUMBUS
STATE COUNCIL
SERVICE PROGRAM AWARDS
ENTRY FORM

This reporting form must be completed by each council and forwarded to the State Council.
(A separate reporting form should be completed for each program category.)

CATEGORY (MARK ONE):

- | | |
|------------------------------------|---------------------------------|
| <input type="checkbox"/> CHURCH | <input type="checkbox"/> FAMILY |
| <input type="checkbox"/> COMMUNITY | <input type="checkbox"/> YOUTH |
| <input type="checkbox"/> COUNCIL | |

FROM: GRAND KNIGHT: _____ **TELEPHONE NUMBER:** _____
COUNCIL NAME: _____ **NUMBER:** _____
LOCATION: _____
(Town or City) (State or Province)

Project Title: _____

Date Project conducted: _____

Purpose of Activity: (In the space provided below, describe in one sentence the purpose of this activity. This section must be completed.)

Number of council members participating in project: _____

Percentage of council members participating in project: _____

Number of man hours expended in project: _____

Chairman's Name: _____ **Telephone Number:** () — _____

Mailing Address: _____

(continued on reverse)

FORWARD TO: State Deputy, State Program Director

COPY TO: Council File

