



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):

CHURCH

FAMILY

COMMUNITY

PRO-LIFE

COUNCIL

YOUTH

FROM: GRAND KNIGHT: _____ **TELEPHONE NUMBER:** _____

E-MAIL _____

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: _____

E-mail Address: _____

(continued on reverse)

MAIL ORIGINAL TO: State Deputy or State Program Director

COPY TO: Council File

Available in electronic format at www.kofc.org

