

FREE THROW PARTICIPATION REPORT FORM

Due By:
JANUARY 31

PLEASE INDICATE THE NUMBER OF PARTICIPANTS IN YOUR COUNCIL CONTEST:

AGE GROUPS	10	11	12	13	14	TOTALS
BOYS	_____	_____	_____	_____	_____	_____
GIRLS	_____	_____	_____	_____	_____	_____
TOTALS	_____	_____	_____	_____	_____	_____



CONTEST PARTICIPATION REPORT FORM: Immediately following the local council contest, the grand knight should complete and submit the Free Throw Participation Form (FT-1) to the Supreme Council Department of Fraternal Services. This form provides the Supreme Council office with valuable participation statistics as well as feedback about the program in general.

PERSONAL COMMENTS OR OBSERVATIONS CONCERNING THE FREE THROW BASKETBALL PROGRAM:

Grand Knight: _____
Name
Member Number

COUNCIL NO. _____

CITY/ TOWN _____

STATE PROVINCE _____

SUBMIT ORIGINAL TO: Supreme Council Department of Fraternal Services
SEND COPIES TO: State Deputy, District Deputy, Council File

FT 1 1/2001

THIS FORM MAY ONLY BE COMPLETED, PRINTED OUT AND SUBMITTED THROUGH MAIL