KNIGHTS OF COLUMBUS
IN SERVICE TO ONE. IN SERVICE TO ALL.

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):

- ☐ CHURCH
- ☐ FAMILY
- ☐ COMMUNITY
- ☐ YOUTH
- ☐ 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)

MAIL ORIGINAL TO: State Deputy or State Program Director

COPY TO: Council File

STSP 12/07

Describe project in detail. Use additional paper if necessary. Supplementary material may be submitted along with the nomination. Accompanying materials can include letters, testimonials, news clippings, photographs, pamphlets, etc. Do not submit tapes, videocassettes, DVD'S, display materials, films, etc., as they will not be considered in judging the nomination.

ATTEST: _____
(State Deputy)

Signed: _____
(Grand Knight)

DO NOT SUBMIT THIS REPORT FORM TO SUPREME COUNCIL

ENTRY MUST BE RECEIVED BY THE STATE COUNCIL TO BE ELIGIBLE FOR THE COMPETITION