



The KNIGHTS of COLUMBUS

5th Sunday Rosary Program

Council Number _____ Location _____
City _____ State/Province _____

- Our Council has conducted the 5th Sunday Rosary Program (please check date conducted)
 July 31, 2016 • October 30, 2016 • January 29, 2017 • April 30, 2017

Number of Knights that participated _____

Total Participants _____

- How many new members were recruited as a result of this program? _____

COMMENTS OR OBSERVATIONS CONCERNING THE KNIGHTS OF COLUMBUS 5th SUNDAY ROSARY PROGRAM.
HOW CAN WE IMPROVE THE PROGRAM? ADDITIONAL SUPPORT MATERIAL NEEDED?

Date: _____
(mm/dd/yyyy)

(Signed) _____
(Grand Knight)

(Signed) _____
(Church Director)

SEND ONE COPY TO: Fraternal Mission
Email: fraternalmission@kofc.org
Fax: 203-752-4108
Mail: 1 Columbus Plaza, New Haven, CT
06510

COPIES TO: State Deputy, District Deputy, Council File