



**An Annual Report should be submitted for every Parish Round Table sponsored by your council.
Include the following numbers in your council's Annual Survey of Fraternal Activity (#1728).**

Date: _____

Due By: JUN. 30

Parent Council No.: _____

Parish Name

Diocese

Language of Round Table: _____

City

State/Province

1. Number of members of the Knights of Columbus in parish: _____

2. Number of new members recruited this year: _____

3. Knights of Columbus man-hours of service to parish:

a. Maintenance of parish property hrs. _____

b. Social Justice (aid to elderly, handicapped, St. Vincent de Paul, etc.) hrs. _____

c. Religious education hrs. _____

d. Parish fund raising hrs. _____

e. Liturgical participation (lectors, readers, commentators, choir). hrs. _____

f. Youth work (Columbian Squires, Scouting, sports, teen club, CYO) hrs. _____

g. Others hrs. _____

Total Man-hours: _____

4. Has your grand knight held the recommended annual review with the pastor? _____

Briefly describe the most meaningful activities conducted by the members of the Knights of Columbus Round Table in your parish during the year.

Remarks/General Observations: _____

Coordinator: _____
Name Membership No.

Pastor: _____

Round Table Coordinator for next year

(1) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
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STREET	CITY	STATE	ZIP
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ADDRESS

TELEPHONE AREA CODE	PHONE NO.	PARISH	CITY
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(2) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
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STREET	CITY	STATE	ZIP
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(3) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
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STREET	CITY	STATE	ZIP
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(4) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
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STREET	CITY	STATE	ZIP
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(5) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
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STREET	CITY	STATE	ZIP
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(6) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
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STREET	CITY	STATE	ZIP
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(7) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
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STREET	CITY	STATE	ZIP
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(8) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
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STREET	CITY	STATE	ZIP
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Grand Knight

Date

SEND ORIGINAL TO: Department of Fraternal Mission (email: fraternalmission@kofc.org)
SEND COPIES TO: State Deputy, District Deputy, State Round Table Chairman, Council File