Survey Report
Council’s Review Survey of Round Table

Date: ______________ Due By: Sep. 1st
District # ___________ Council # ___________ Location ______________________
District Deputy Name: ___________________________
Grand Knight Name: ______________________________
Council Diocese: ______________ Parish Name: ______________________
Parish City: ___________________________
Round Table Coordinator Name (If Council Has Round Table) ______________
Coordinator Member Number: _________________
Parish Pastor Name (Father, Monsignor or Bishop): _____________________________
Multiple Parishes Names: ________________ ________________ ________________
Multiple City of Parish: ________________ ________________ ________________
Multiple Priests Assigned: ________________ ________________ ________________

1. Number of members of the Knights of Columbus in Parish: ____________
2. How Many Families in each Parish: ____________ ____________ ____________
3. Has the Grand Knight or Coordinator held annual review with the Pastor or Pastors of all parishes
   Yes ____ , Result of Review: ________________________________ No ____

______________________________
Grand Knight Signature

______________________________
Grand Knight Member Number

I – RT – Form