

# IN-ACT2

DUE BY:  
10<sup>th</sup> of Month

## Knights of Columbus INDIANA STATE COUNCIL PROGRAM ACTIVITIES REPORTING FORM



Council No. \_\_\_\_\_ District No. \_\_\_\_\_

Council Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Check only ONE of the following boxes. All activities reported on this form MUST be in that one activity area. Use a separate form for activities in other areas. Please print.  
This form available online at <http://www.inidianakofc.org>

- |   |  |   |  |  |  |
|---|--|---|--|--|--|
| <input type="checkbox"/> <b>CHURCH</b><br>• Vocations<br>• Activities | <input type="checkbox"/> <b>COMMUNITY</b><br>• Tootsie Roll<br>• Athletics | <input type="checkbox"/> <b>COUNCIL</b><br>• Memorial Masses<br>• Bingo | <input type="checkbox"/> <b>FAMILY</b><br>• Activities<br>• Family Picnics | <input type="checkbox"/> <b>PRO-LIFE</b><br>• Activities | <input type="checkbox"/> <b>YOUTH</b><br>• Gibault |
|---|--|---|--|--|--|

Events: Give a brief description of each activity. Use additional space or paper if needed.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_, 20\_\_\_\_. Attendance: Knights \_\_\_\_\_, Guests \_\_\_\_\_, Man Hours Involved \_\_\_\_\_.

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_, 20\_\_\_\_. Attendance: Knights \_\_\_\_\_, Guests \_\_\_\_\_, Man Hours Involved \_\_\_\_\_.

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_, 20\_\_\_\_. Attendance: Knights \_\_\_\_\_, Guests \_\_\_\_\_, Man Hours Involved \_\_\_\_\_.

4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_, 20\_\_\_\_. Attendance: Knights \_\_\_\_\_, Guests \_\_\_\_\_, Man Hours Involved \_\_\_\_\_.

Signed \_\_\_\_\_ or Signed \_\_\_\_\_  
*Grand Knight* *Program Director*

Submit Original **DIRECTLY TO:** Church, Community, Council, Family, Pro-Life or Youth Director  
COPIES TO: District Deputy  
Council Files