



Knights of Columbus
INDIANA STATE COUNCIL
 Council Program Activities Reporting Form

DUE BY:
10th of Each Month

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 or type.

<input type="checkbox"/>	CHURCH -Vocations - S. O. S.	<input type="checkbox"/>	COMMUNITY - Pro-Life - Tootsie Roll	<input type="checkbox"/>	COUNCIL - Athletics - Audits/Forms	<input type="checkbox"/>	FAMILY - of Month - Activities	<input type="checkbox"/>	YOUTH - Gibault - Squires
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Events: Give a brief description of each activity. Use additional space, reverse side or additional paper, if needed.

1.			
Date:	Attendance Numbers: Knights: 0	Guests: 0	Man Hours Involved: 0
2.			
Date:	Attendance Numbers: Knights: 0	Guests: 0	Man Hours Involved: 0
3.			
Date:	Attendance Numbers: Knights: 0	Guests: 0	Man Hours Involved: 0
4.			
Date:	Attendance Numbers: Knights: 0	Guests: 0	Man Hours Involved: 0
5.			
Date:	Attendance Numbers: Knights: 0	Guests: 0	Man Hours Involved: 0

Signed _____
Grand Knight

Signed _____
Program Director