

IN-FBR1



Knights of Columbus
INDIANA STATE COUNCIL
FRATERNAL BENEFITS NIGHT REPORT FORM

SUBMIT: After Event

Council Number: _____
Council Name: _____
Council Location: _____
District # : _____
Date of Event: _____
Total Attendance: _____
Members attending: _____
Host Insurance Agent: _____

Methods of Advertising (**X** all that apply)

COUNCIL: ___newsletter ___email ___website

PARISH: ___bulletin ___website ___table after Mass

LOCAL: ___newspaper ___radio

OTHER: (please describe) _____

Signed: _____
(Grand Knight, Financial Secretary, or Field Agent)

SUBMIT TO: State Council Membership Director
COPIES TO: State Program Director, District Deputy
Council Files