

IN-ACT2



Knights of Columbus INDIANA STATE 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.

This form is available online at <http://indianakofc.org/forms>

- | | | | | | |
|---------------------------------|------------------------------------|----------------------------------|---------------------------------|---|--------------------------------|
| <input type="checkbox"/> CHURCH | <input type="checkbox"/> COMMUNITY | <input type="checkbox"/> COUNCIL | <input type="checkbox"/> FAMILY | <input type="checkbox"/> CULTURE
OF LIFE | <input type="checkbox"/> YOUTH |
| • Vocations | • Tootsie Roll | • Memorial Masses | • Activities | • Activities | • Gibault |
| • Activities | • Athletics | • Bingo | • Family Picnics | • Soccer Challenge | |
| • BDC | • Blood/Platelet Drive | • Veteran's | • BDC | • COL Marches | • Free Throw Contest |

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, Culture of Life OR Youth Director

COPIES TO: District Deputy AND Council Files