

**IN-ACT3**



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

**DUE BY:**  
**10<sup>th</sup> 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 [indianakofc.org/forms](http://indianakofc.org/forms)

**FAITH**

- Vocations
- Rosary Programs
- Spiritual Reflection

**COMMUNITY**

- Tootsie Roll
- Free Throw Contest
- Helping Hands

**FAMILY**

- Food For Families
- Keep Christ in Christmas
- Consecration to the Holy Family

**LIFE**

- Marches For Life
- Special Olympics
- Novena For Life

*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:** Faith, Community, Family or Life Director  
COPIES TO: District Deputy AND Council Files  
7/2018