

IN-FBR



Knights of Columbus
INDIANA STATE COUNCIL
FRATERNAL BENEFITS NIGHT REPORT FORM

SUBMIT: As Needed

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 or Financial Secretary)

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