



THIS REPORTING FORM MUST BE COMPLETED BY EACH COUNCIL AND FORWARDED TO THE STATE COUNCIL.
(A SEPARATE REPORTING FORM SHOULD BE COMPLETED FOR EACH PROGRAM CATEGORY.)

CATEGORY (MARK ONE):

☐

CHURCH

☐

FAMILY

☐

COMMUNITY

☐

PRO-LIFE

☐

COUNCIL

☐

YOUTH

FROM: GRAND KNIGHT: _____ **TELEPHONE NUMBER:** _____

E-MAIL _____

COUNCIL NAME _____ **NUMBER:** _____

LOCATION: _____
(TOWN OR CITY) (STATE OR PROVINCE)

Project Title: _____

Date Project Conducted: _____

Purpose of Activity: (In the space provided below, describe in one sentence the purpose of this activity. This section must be completed.)

Number of council members participating in project: _____

Percentage of council members participating in project: _____

Number of man hours expended in project: _____

Chairman's Name: _____ **Telephone Number:** _____

Mailing Address: _____

E-mail Address: _____

(continued on reverse)

MAIL ORIGINAL TO: State Deputy or State Program Director

COPY TO: Council File

Available in electronic format at www.kofc.org

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Signed: _____
(Grand Knight)

**ENTRY MUST BE RECEIVED BY THE STATE COUNCIL
TO BE ELIGIBLE FOR THE COMPETITION**

STSP 10/09