



ENTRY FORM

**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](http://www.kofc.org)

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**Signed:** \_\_\_\_\_  
(Grand Knight)

**For more information on the Service Program Awards go to [www.kofc.org/service](http://www.kofc.org/service) and click on the left-hand “Council” link.**

Pot used to cook 150 lbs of crawfish in 40 lbs of butter.



Stirring the Gumbo pot



The entrance to the Gala



Preparing the Salmon



More Salmon preparations



The serving tables are set





Bring on the customers. Let the feast begin



Enjoying the music



A group of patrons enjoying themselves



Working the bar area



Gala attendees enjoy dancing to the music



Refreshments being served

