

STATE COUNCIL SERVICE PROGRAM AWARDS

ENTRY FORM

GRAND KNIGHT:
TELEPHONE NUMBER:
E-MAIL
COUNCIL NAME
COUNCIL NUMBER:
LOCATION (City):
CHAIRMAN'S NAME:
TELEPHONE NUMBER:
MAILING ADDRESS:
E-MAIL:



STATE COUNCIL SERVICE PROGRAM AWARDS

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 COMMUNITY COUNCIL	FAMILY CULTURE OF LIFE YOUTH
Project Title:		
Date Project Conducted:		
Purpose of Activity: (In the space provide	ed below, describe in one sentence t	he purpose of this activity. This section must be completed.)
Number of council members pa	articipating in project:	
Percentage of council members	s participating in projec	et:
Number of man hours expende	d in project:	

EMAIL ORIGINAL TO: programs@kofc-ms.org

COPY TO: Council File

Available in electronic format at www.kofc-ms.org

STSP-MS 0116

submitted along with the nomination. Accompanying materials can include letters, testimonials, news clippings, photographs, pamphlets, etc. Do not submit tapes, videocassettes, DVDs, display materials, films, etc., as they will not be considered in judging the nomination.

DO NOT SUBMIT THIS REPORT FORM TO SUPREME COUNCIL

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

For more information on the Service Program Awards go to www.kofc.org/service and click on the left-hand "Council" link.

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Plate preparations by our dedicated team of Brothers with the assistance of our Ladies Auxiliary



Our fearless leader and head chef, Brother Jim Barrett.



Deacon Mike and his wife, Mary enjoying a great meal.



Brothers Chris and Jordan strike a pose in the midst of the cooking for the Fish Fry.