

#### **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
		☐ PRO-LIFE
	COUNCIL	☐ YOUTH
FROM: GRAND KNIGHT:		TELEPHONE NUMBER:
E-MAIL		
COUNCIL NAME		NUMBER:
LOCATION:		
LOCATION:	(Town or City)	(STATE OR PROVINCE)
Project Title:		
Purpose of Activity: (In the space prov	ided below, describe in one sentence the	purpose of this activity. This section must be completed.)
Number of council members 1	participating in projec	:t:
Percentage of council membe	rs participating in pro	.ject:
Number of man hours expend	led in project:	
Chairman's Name:		Telephone Number:
Mailing Address:		
E-mail Address:		
	(continued on rever	

MAIL ORIGINAL TO: State Deputy or State Program Director

**COPY TO: Council File** 

Available in electronic format at www.kofc.org

sidered in judging the nomination.
igned:
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# 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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