



**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)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

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

STSP 10/09