



**KNIGHTS OF COLUMBUS
CALIFORNIA STATE COUNCIL
SERVICE PROGRAM AWARDS ENTRY FORM**

(A separate form should be completed for each event/ activity.)

SERVICE CATEGORY (MARK ONE)

- | | |
|------------------------------------|----------------------------------|
| <input type="checkbox"/> CHURCH | <input type="checkbox"/> FAMILY |
| <input type="checkbox"/> COMMUNITY | <input type="checkbox"/> YOUTH |
| <input type="checkbox"/> COUNCIL | <input type="checkbox"/> PROLIFE |

CouncilName: _____ Council #: _____ District #: _____ Division #: _____
 Council Location (town/city) _____ (state) CA

Event Title: _____

Date Conducted: _____ Number of council & family members working in project: _____
 Attendance: _____ Number of 'others' working in project: _____
 Number of man hours spent in project: _____

Purpose of Activity:

Project Description:

Council Chairman's Name: _____

GK Signature: _____

Address:

GK Name:

Phone No:

GK Phone No:

SUBMIT ORIGINAL TO: State Activity Chairman

SEND COPY TO: State Service Program Director (no supporting materials needed), Council File

State Deputy _____

STSP-CA

Mail by March 15 to the State Activity Chairman (with supporting materials: photographs, letters, testimonials, news clippings, pamphlets, etc.).