



**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 April 1 to the State Activity Chairman (with supporting materials: photographs, letters, testimonials, news clippings, pamphlets, etc.).