KNIGHTS OF COLUMBUS

COUNCIL 10802
SERVICE PROGRAM ACITITY
ENTRY FORM

The activity chairman or crew chief must complete this reporting form after the activity
(A separate reporting form should be completed for each program category & activity)

CATEGORY (MARK ONE): ☐ **CHURCH** ☐ **FAMILY** ☐ **COMMUNITY** ☐ **YOUTH** ☐ **COUNCIL**

Project or Activity Title: _____

Date Project Conducted: _____

Place Project Conducted: _____

Purpose of Activity: (In the space provided below describe the purpose of this activity. This section must be completed)

_____

_____

_____

_____

_____

_____

_____

_____

Number of council members participating in the project/activity: _____

Percentage of council members participating in the project/activity: _____

Number of man-hours expended toward the project/activity: _____

Chairman's Name: _____ **Telephone Number:** _____

Mailing Address: _____

(Continue activity explanation on a separate page if necessary)

SUBMIT ORIGINAL TO PROGRAM DIRECTOR
(*mark.zecca@mitchell1.com or FAX 760-294-1707)*

(This form can be completed, printed out or submitted through the mail, email, or delivered at the next council business meeting)