



**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"/> CULTURE OF LIFE |

Council Name: \_\_\_\_\_ Council #: \_\_\_\_\_ District #: \_\_\_\_\_ Division #: \_\_\_\_\_  
 Council Location (town/city) \_\_\_\_\_ (state) CA

Event Title: \_\_\_\_\_  
 Date Conducted: \_\_\_\_\_ Attendance: \_\_\_\_\_  
 Number of council & family members participating in project: \_\_\_\_\_  
 Number of 'others' participating in project: \_\_\_\_\_  
 Number of man hours expended in project: \_\_\_\_\_

Purpose of Activity:

Project Description:

Council Chairman's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 GK Signature: \_\_\_\_\_ GK Name: \_\_\_\_\_ GK Phone No: \_\_\_\_\_

**SUBMIT ORIGINAL TO:** State (Church, Council, Community, Family, Youth, Culture of Life) Activity Chairman  
**SEND COPY TO:** State Service Program Chairman (no supporting materials needed)

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