



# California State Substance Abuse Participation Form

Due by: January 31

PLEASE INDICATE THE NUMBER OF PARTICIPANTS IN YOUR COUNCIL CONTEST.

Age Groups	8-11	12-14	Total
Alcohol Abuse			
Drug Abuse			
<b>Total</b>			

**Contest Participation Report Form:** Immediately following the local council contest the grand knight should complete and submit the Substance Abuse Awareness Poster Contest Participation form to the California State Poster Chairman. This form provides the State Council office with valuable participation statistics as well as feedback about the program in general.

**Personal comments or observations concerning the Knight of Columbus  
Substance Abuse Awareness Poster Contest.**

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Signed: \_\_\_\_\_

Council Number: \_\_\_\_\_

Grand Knight

City/Town \_\_\_\_\_

Send a copy of this form to the California State Poster Chairman and California State  
Community Activities Director