



CALIFORNIA STATE COUNCIL

2018-2019 SERVICE PROGRAM MONTHLY ACTIVITY REPORT FORM

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

SERVICE CATEGORY (MARK ONE ONLY)

Faith  Family  Community  Culture of Life

Grand Knight: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Email: \_\_\_\_\_ Council Location (City): \_\_\_\_\_ State: CA

Council Name: \_\_\_\_\_ Council#: \_\_\_\_\_ District#: \_\_\_\_\_ Division#: \_\_\_\_\_

PROJECT TITLE:

\_\_\_\_\_

Date Conducted:

PURPOSE OF ACTIVITY:

\_\_\_\_\_

No. of Council Members participating: \_\_\_\_\_ Percentage of Council Members participating: \_\_\_\_\_

No. of others participating in Project: \_\_\_\_\_ Total Hours expended: \_\_\_\_\_ Attendance: \_\_\_\_\_

Number of Form 100's or Interest cards collected: \_\_\_\_\_

Council Chairman's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Project Description: Describe the project in detail. Use additional paper if necessary, save all pictures and other supplementary information about the event for the Awards submission in March.

DESCRIBE THE PROJECT IN DETAIL:

Grand Knights Signature: \_\_\_\_\_

SUBMIT ORIGINAL BY First of Each Month TO: State Activity Chair for Each Category (Faith, Family, Community or Culture of Life - No Supporting material)

SEND COPY TO: State Service Program Director (No Supporting material)

FORM Monthly Program Activities Report REV 4-8-18