



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 Life

Grand Knight: _____ Telephone No: _____

Email: _____ Council Location (City): _____ State: CA

Council Name: _____ Council#: _____ District#: _____ Division#: _____

PROJECT TITLE: _____

Date Conducted: [Click here to enter a date.](#)

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 Life - No Supporting material)

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

FORM Monthly Program Activities Report REV 4-8-18