



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

Council Name: _____ Council #: _____

Grand Knight: _____ Telephone: _____

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

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 Life - No Supporting material)

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