

# KNIGHTS OF COLUMBUS CALIFORNIA STATE COUNCIL



## NEWSLETTER ENTRY FORM COUNCIL, ASSEMBLY & CHAPTER

Council Name:  Council #  District #

Assembly Name:  Assembly #

Chapter Name: \_\_\_\_\_

Location (town/city) \_\_\_\_\_

Project Description:

Chairman's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

GK/ FN/ CP Name: \_\_\_\_\_

GK/ FN/ CP Signature: \_\_\_\_\_

GK/ FN/ CP Phone: \_\_\_\_\_

**SUBMIT ORIGINAL TO:** State Council Webmaster - [webmaster@californiaknights.org](mailto:webmaster@californiaknights.org)  
**SEND COPY TO:** State Service Program Director (no supporting materials needed)

**Submit by April 1**