

KNIGHTS OF COLUMBUS CALIFORNIA STATE COUNCIL



WEBSITE ENTRY FORM COUNCIL, ASSEMBLY & CHAPTER

Council Name: Council # District #

Assembly Name: Assembly #

Chapter Name: _____

Location (town/city) _____

Website URL: _____

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

SEND COPY TO: State Service Program Director (no supporting materials needed)

Submit by April 1