



# Ocean County Chapter



## BABY BOTTLE BOOM-A-RANG PROGRAM

- 1- Only KofC Councils who are part of the Ocean County Chapter may participate in this program. Bottles cannot be loaned to any other Organization.
- 2- All Ocean County Chapter dues and any monies owed to the Chapter must be paid in full prior to the request.
- 3- The Grand Knight **MUST** submit this Request Form along with his Council Report at a Chapter meeting as far in advance as possible in order to receive bottles. **It's first come first serve!**
- 4- All bottles must be picked up and returned. We will not deliver or pick up bottles.
- 5- The Council is required to return the number of complete bottles they received, no money will be accepted in place of lost or incomplete bottles.
- 6- All bottles must be returned to the Chapter within four weeks from the date the bottles were picked up.
- 7- Each Council may participate in this program only once per Columbian Year.
- 8- All Councils must complete and submit a "**Baby Bottle Boomerang Project Reporting Form**"

## BABY BOTTLE REQUEST FORM

Council (Name) \_\_\_\_\_ # \_\_\_\_\_ request the use of \_\_\_\_\_ bottles for use in our Baby Bottle Boom-A-Rang Program. The program will run \_\_\_/\_\_\_/\_\_\_ until \_\_\_/\_\_\_/\_\_\_.

\_\_\_\_\_  
(Grand Knight)

\_\_\_/\_\_\_/\_\_\_  
(Date Picked up)

\_\_\_\_\_  
(Picked up by)

\_\_\_\_\_  
(# of bottles received)

## BABY BOTTLE RETURN RECEIPT

Council (Name) \_\_\_\_\_ # \_\_\_\_\_ has returned \_\_\_\_\_ bottles.

\_\_\_\_\_  
(Program Coordinator)

\_\_\_/\_\_\_/\_\_\_  
(Date Returned)

## 10.7.1 Baby Bottle Boomerang Project Reporting Form

We will appreciate hearing from all of the Councils that adopt this program. Your problems and success stories will enable us to refine this program for others who wish to increase their support for life. Your input will be carefully considered and disseminated, as this program should evolve into an outstanding way to raise funds so that we, as Knights, can continue to support life.

Date: \_\_\_\_\_

Council Name & Number \_\_\_\_\_

Grand \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_

Council Chairman Name \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_

Name & Address of Participating Parish \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Number of Bottles Distributed \_\_\_\_\_ Number of Bottles Returned \_\_\_\_\_

Amount of Funds Raised \$ \_\_\_\_\_

Amount of Funds Donated After Deducting Cost of Shrinkage \$ \_\_\_\_\_

Your Comments or Suggestions Please:

### **Please mail to:**

Mark V. Kiernan, PGK  
1735 Sycamore Street  
Haddon Heights, NJ 08035

This form is also available to file on-line "[www.njkofc.org](http://www.njkofc.org)"