



**COLORADO STATE COUNCIL
Knights of Columbus**

**Family Game Night
Participation Report**

Submit by February 1st to State Family Director

Council _____ in _____
(Name and number) (City)

Has participated in the a Family Game Night.

A. Date held: _____

B. Location Held:

Name of location _____

Address _____

City _____

State / Zip Code _____

C. How many participated?

Knights _____

Ladies _____

Children _____

D. Describe the activity (what games were played, what was enjoyable, etc.)

Signed: _____ Grand Knight