



**COLORADO STATE COUNCIL
Knights of Columbus**

**Marian Hour of Prayer
Participation Report**

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

has participated in the Marian Hour of Prayer Program

A. Date Held: _____

B. Location Held: _____

C. Number of Participants:

Knights: _____

Women: _____

Children: _____

D. Who Officiated the Prayer Service (Title/Name): _____

E. Provide any other comments on your Council Marian Hour of Prayer

Signed: _____ Grand Knight