

## Knights of Columbus - Saskatchewan State Council Council Activity Program Description Form

Due at Saskatchewan State Council on or before March 1, 2019

An activity can be submitted in one category only. Refer to your Faith in Action Guidebook to determine in which category to enter your activity. A separate form should be used for each category.

Instructions to Council: Monthly or each quarter, councils are to complete the Council Activity Program Description Form and forward (electronically preferred) to the STATE GENERAL PROGRAM DIRECTOR with a copy to the DISTRICT DEPUTY and COUNCIL FILE.

## CATEGORY (MARK ONE):

() Faith Activity	(_) Family Activity	(_) Community Activity	(_) Life Activity	
(_) Council Activity	(_) Youth Activity	(_) Young Adult Activity	(_) Membership Activity	
(_) Special Olympics	Activity (_) PR/Com	nmunications Activity		
FROM: GRAND KNIGHT:		TELEPH	TELEPHONE No.:	
COUNCIL NAME:		COUNCIL	No.:	
LOCATION :				
	(Town or City)			
Activity Title:				
Purpose of Activity: (In the sp	bace provided below, describe the	he purpose of this activity.)		
Results of Activity: (In the spa	ace provided below, describe th	e results of this activity - did it affect the	Church, community, council, family)	
	members participating in	activity:		
Percentage of cour	cil members participating	in activity:		
Number of man hou	urs expended in activity:			

Activity Title:			
Date Activity Conducted:			
Purpose of Activity: (In the s	pace provided below, describe t	the purpose of this activ	ivity.)
Results of Activity: (In the sp	ace provided below, describe th	ne results of this activity	y - did it affect the Church, community, council, family
Number of council	members participating in	activity:	
Percentage of cour	ncil members participating	g in activity:	
Number of man ho	urs expended in activity:		
Attest:		Signed:	
(State	e Deputy)		(Grand Knight)
To be eligible for th	e awards all entries m	ust be received	d no later than March 1, 2019
SUBMIT ELECTRONI	CALLY TO: program	ms@kofcsask.	.com
	OR		
	ON		
SUBMIT BY MAIL TO	Eugene Achtemic State General Pro 2019 Wagman Dr. Regina, SK. S4V 0	gram Director E.	
SEND COPIES TO: D	District Deputy, Cour	ncil File	