



**KNIGHTS OF COLUMBUS
CALIFORNIA STATE COUNCIL
SERVICE PROGRAM AWARDS ENTRY FORM**

(A separate form should be completed for each event/ activity.)

SERVICE CATEGORY (MARK ONE)

☐

CHURCH

☐

FAMILY

☐

COMMUNITY

☐

VOCATIONS

☐

COUNCIL

☐

YOUTH

☐

CULTURE OF LIFE

Council Name: _____

Council #: _____

District #: _____

Division #: _____

Council Location (town/city) _____ (state) CA

Event Title: _____

Date Conducted: _____

Number of council & family members participating in project: _____

Attendance: _____

Number of 'others' participating in project: _____

Number of man hours expended in project: _____

Purpose of Activity: _____

Project Description: _____

Council Chairman's Name: _____

GK Signature: _____

Address: _____

GK Name: _____

Phone No: _____

GK Phone No: _____

SUBMIT ORIGINAL TO: State (Church, Council, Community, Family, Youth, Culture of Life) Activity Chairman

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

Mail by April 1 to the State Activity Chairman (with supporting materials: photographs, letters, testimonials, news clippings, pamphlets, etc.).

STSP-CA