

FAMILY ACTIVITY AWARD CONTEST FORM

SEND TO PROGRAM DIRECTOR: Dan Ward, 9713 Dixie Ridge Terrace, Gaithersburg, MD 20882

Date received by State Program Director _____

From GRAND KNIGHT _____ TELEPHONE NO. _____

COUNCIL NAME _____ NUMBER _____ DISTRICT _____

LOCATION _____

(CITY)

(ZIP CODE)

THE INFORMATION THAT FOLLOWS DESCRIBES OUR COUNCIL'S PROJECT AND SERVES AS OUR ENTRY IN THE STATE COUNCIL'S SERVICE PROGRAM AWARDS CONTEST.

DATE PROJECT CONDUCTED _____

TITLE OR NATURE OF PROJECT _____

WHO BENEFITED MOST FROM THIS PROJECT? _____

CHAIRMAN _____

(NAME-ADDRESS-TELEPHONE NO.)

NUMBER OF COUNCIL MEMBERS PARTICIPATING IN PROJECT _____

DESCRIBE PROJECT IN DETAIL. (PHOTOGRAPHS, NEWS CLIPPINGS, ETC. MAY BE INCLUDED WITH THIS REPORTING FORM. USE ADDITIONAL SHEETS AS NECESSARY)

SIGNED _____ ATTEST _____

(GRAND KNIGHT)

(DISTRICT DEPUTY)

(DATE)

THIS FORM MUST BE COMPLETED BY THE COUNCIL CHAIRMAN. COMPLETED ENTRIES MUST BE RECEIVED BY THE STATE PROGRAM DIRECTOR AS FOLLOWS:

BEST FIRST REPORT PERIOD ACTIVITY (APR THRU SEPT) DUE BY OCTOBER 15TH

BEST SECOND REPORT PERIOD ACTIVITY (OCT, NOV, DEC) DUE BY JANUARY 15TH

BEST THIRD REPORT PERIOD ACTIVITY (JAN, FEB, MAR) DUE BY APRIL 1ST

PLEASE INDICATE REPORT BEING SUBMITTED