

CHURCH ACTIVITY AWARD CONTEST FORM

SEND TO STATE PROGRAM DIRECTOR: Sam Orlando
5910 Great Star Dr #307
Clarksville, MD 21029

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 _____
(GRAND KNIGHT)

ATTEST _____
(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 MARCH 23RD *NEW DATE

PLEASE INDICATE REPORT BEING SUBMITTED

COMMUNITY ACTIVITY AWARD CONTEST FORM

SEND TO STATE PROGRAM DIRECTOR: Sam Orlando
5910 Great Star Dr #307
Clarksville, MD 21029

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 _____
(GRAND KNIGHT)

ATTEST _____
(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 MARCH 23RD *NEW DATE

PLEASE INDICATE REPORT BEING SUBMITTED

COUNCIL ACTIVITY AWARD CONTEST FORM

SEND TO STATE PROGRAM DIRECTOR: Sam Orlando
5910 Great Star Dr #307
Clarksville, MD 21029

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 _____
(GRAND KNIGHT)

ATTEST _____
(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 MARCH 23RD *NEW DATE

PLEASE INDICATE REPORT BEING SUBMITTED

FAMILY ACTIVITY AWARD CONTEST FORM

SEND TO STATE PROGRAM DIRECTOR: Sam Orlando
5910 Great Star Dr #307
Clarksville, MD 21029

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 _____
(GRAND KNIGHT)

ATTEST _____
(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 MARCH 23RD *NEW DATE

PLEASE INDICATE REPORT BEING SUBMITTED

PRO LIFE ACTIVITY AWARD CONTEST FORM

SEND TO STATE PROGRAM DIRECTOR: Sam Orlando
5910 Great Star Dr #307
Clarksville, MD 21029

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 _____
(GRAND KNIGHT)

ATTEST _____
(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 MARCH 23RD *NEW DATE

PLEASE INDICATE REPORT BEING SUBMITTED

YOUTH ACTIVITY AWARD CONTEST FORM

SEND TO STATE PROGRAM DIRECTOR: Sam Orlando
5910 Great Star Dr #307
Clarksville, MD 21029

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 _____
(GRAND KNIGHT)

ATTEST _____
(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 MARCH 23RD *NEW DATE

PLEASE INDICATE REPORT BEING SUBMITTED