

**Knights of Columbus  
State Council Recognition Program Reporting Form**

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Council Name St. Mark Number 12654 Location Huntersville, NC

Select appropriate program classification and period – only one program selection per form page

Church Program	_____	Period 1	_____
Community Program	_____	Period 2	_____
Council Program	_____	Period 3	_____
Family Program	_____		
Membership Program	_____		
Youth Program	_____		

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For each activity provide the Who, What, When, Where and details to describe the event fully

Activity Code:  
Number of Knights Participating:

Program Title:  
Number of People Present:

Activity Code:  
Number of Knights Participating:

Program Title:  
Number of People Present:

Submitted By: \_\_\_\_\_  
Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Please send 2 copies of this form to:**

D.R. (Dave) Jones  
State General Program Director  
4838 Butterwick Lane  
Charlotte, NC 28212-8521

**Completed Reports Due August 31, December 15 & April 1st**