



# Knights of Columbus - Saskatchewan State Council

## Council Activity Program

Due at  
Saskatchewan State  
Council  
on or before  
March 1, 2017

An activity can be submitted in one category only.  
Refer to your Surge with Service to determine in which category to enter your activity.

**Instructions to Council:** 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):**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Church Activity            | <input type="checkbox"/> Community Activity        | <input type="checkbox"/> Council Activity |
| <input type="checkbox"/> PR/Communications Activity | <input type="checkbox"/> Culture of Life Activity  | <input type="checkbox"/> Family Activity  |
| <input type="checkbox"/> Membership Activity        | <input type="checkbox"/> Special Olympics Activity | <input type="checkbox"/> Youth Activity   |
| <input type="checkbox"/> Young Adult Activity       |  |   |

FROM: GRAND KNIGHT: \_\_\_\_\_ TELEPHONE No.: \_\_\_\_\_  
 COUNCIL NAME: \_\_\_\_\_ COUNCIL No.: \_\_\_\_\_  
 LOCATION: \_\_\_\_\_  
 (Town or City)

Activity Title: \_\_\_\_\_  
 Date Activity Conducted: \_\_\_\_\_

Purpose of Activity: (In the space provided below, describe the purpose of this activity.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Results of Activity: (In the space provided below, describe the results of this activity - did it affect the Church, community, council, family)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of council members participating in activity: \_\_\_\_\_  
 Percentage of council members participating in activity: \_\_\_\_\_  
 Number of man hours expended in activity: \_\_\_\_\_

Activity Title: \_\_\_\_\_

Date Activity Conducted: \_\_\_\_\_

Purpose of Activity: (In the space provided below, describe the purpose of this activity.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Results of Activity: (In the space provided below, describe the results of this activity - did it affect the Church, community, council, family)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of council members participating in activity: \_\_\_\_\_  
Percentage of council members participating in activity: \_\_\_\_\_  
Number of man hours expended in activity: \_\_\_\_\_

Activity Title: \_\_\_\_\_

Date Activity Conducted: \_\_\_\_\_

Purpose of Activity: (In the space provided below, describe the purpose of this activity.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Results of Activity: (In the space provided below, describe the results of this activity - did it affect the Church, community, council, family)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of council members participating in activity: \_\_\_\_\_  
Percentage of council members participating in activity: \_\_\_\_\_  
Number of man hours expended in activity: \_\_\_\_\_

Attest: \_\_\_\_\_  
(State Deputy)

Signed: \_\_\_\_\_  
(Grand Knight)

**To be eligible for the awards all entries must be received no later than March 1, 2017.**

**MAIL ORIGINAL TO: State General Program Director**  
**COPY TO: District Deputy, Council File**