



An Annual Report should be submitted for every Parish Round Table sponsored by your council. Make photocopies of this blank form for use in completing each report.

Date: _____

Due By: JUNE 30

Parent Council No. _____

1. Number of members of the Knights of Columbus in parish: _____

2. Number of new members recruited this year: _____

3. Knights of Columbus man-hours of service to parish:

a. Maintenance of parish property hrs. _____

b. Social Justice (aid to elderly, handicapped, St. Vincent de Paul etc.) hrs. _____

c. C.C.D. program hrs. _____

d. Parish fund raising hrs. _____

e. Liturgical participation (lectors, readers, commentators, choir) hrs. _____

f. Youth work (Columbian Squires, Scouting, sports, teen club, CYO) hrs. _____

g. Others hrs. _____

Total Man-hours: _____

4. Has your grand knight held the recommended annual review with the pastor? _____

Briefly describe the most meaningful activities conducted by the members of the Knights of Columbus Round Table in your parish during the year.

Remarks/General Observations: _____

Spanish speaking Round Table.

Grand Knight _____
name membership number

Coordinator _____
name membership number

Name: _____
Pastor

Round Table Coordinator for next year

(1) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
ADDRESS		STREET	CITY	STATE ZIP
TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY	
(2) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
ADDRESS		STREET	CITY	STATE ZIP
TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY	
(3) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
ADDRESS		STREET	CITY	STATE ZIP
TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY	
(4) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
ADDRESS		STREET	CITY	STATE ZIP
TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY	
(5) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
ADDRESS		STREET	CITY	STATE ZIP
TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY	
(6) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
ADDRESS		STREET	CITY	STATE ZIP
TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY	
(7) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
ADDRESS		STREET	CITY	STATE ZIP
TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY	
(8) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
ADDRESS		STREET	CITY	STATE ZIP
TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY	

MAIL ORIGINAL TO: Supreme Council Membership Growth Department

MAIL COPIES TO: State Deputy, District Deputy, State Round Table Chairman, Council File

_____ Grand Knight

Available on the website at www.kofc.org