



KNIGHTS OF COLUMBUS
SAN JOAQUIN COUNTY CHAPTER

REPORT OF THE COUNCILS

YOUR NAME: _____

DATE: _____

COUNCIL NAME: _____

COUNCIL NUMBER: _____

GRAND KNIGHT: _____

DISTRICT NUMBER: _____

WHAT HAS YOUR CHAPTER ACCOMPLISHED IN THE PAST MONTH?

WHAT WILL YOUR CHAPTER BE DOING WITHIN THE UPCOMING MONTH?

PLEASE GIVE YOUR COMPLETED REPORT TO THE CHAPTER SECRETARY FOR INCLUSION IN THE MINUTES.