



An Annual Report should be submitted for every Parish Round Table sponsored by your council.  
Include the following numbers in your council's Annual Survey of Fraternal Activity (#1728).

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

**Due By: JUN. 30**

Parent Council No.: \_\_\_\_\_

Parish Name \_\_\_\_\_

Diocese \_\_\_\_\_

Language of Round Table: \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

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. Religious education . . . . . 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: \_\_\_\_\_

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

Coordinator: \_\_\_\_\_  
Name Membership No.

Pastor: \_\_\_\_\_

# Round Table Coordinator for next year

(1) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
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STREET	CITY	STATE	ZIP
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ADDRESS

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

Date

**SEND ORIGINAL TO:** Department of Fraternal Mission (email: fraternalmission@kofc.org)  
**SEND COPIES TO:** State Deputy, District Deputy, State Round Table Chairman, Council File