



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. Include the numbers in the Annual Survey of Fraternal Activity (#1728).

Date: _____

Due By: JUN. 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.

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, Fraternal Mission Department

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

Available in electronic format at kofc.org/forms