

Michigan State Council Knight of the Month Report Form



Date _____ Brother Knight _____

Selected as "Knight of the Month" for Month and Year _____

Council No. _____ City and State _____

Spouse's Name _____

Positions held in Council _____

Home Address _____ City _____ State _____ Zip Code _____

Phone Number (____) _____

Grand Knight's Name

Grand Knight's Signature

Our council's "**Knight of the Month**" was selected for the following reasons:

Send winner a check

Please donate award to
Holy Cross Children's Services (Boysville)

Send to: State Council Activities Director