Knights of Columbus

Program Calendar 20___ – 20___

School _____ Council _____

FAITH	Date	FAMILY	Date
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	
6.		6.	

COMMUNITY	Date	LIFE	Date
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	
6.		6.	

MISCELLANEOUS/OTHER	Date	MISCELLANEOUS/OTHER	Date
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	
6.		6.	

College Councils should fully complete and submit this form to the College Council Department, college@kofc.org.

10768 8-20