

We would like your ideas, comments and suggestions, please use the space below.

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**MUST BE IN THE HANDS OF THE DIRECTOR BY  
APRIL 5, 2012.**

**MAIL TO: Paul Briley, Family Life Director  
167 Ivory Drive  
Opelousas, LA 70570-8935**

\_\_\_\_\_  
**Signature of Council Family Life Director**

\_\_\_\_\_  
**Signature of Grand Knight**

\_\_\_\_\_  
**Grand Knight E-Mail Address**

\_\_\_\_\_  
**Signature of District Deputy**

# 2011-2012 FAMILY LIFE ACTIVITY REPORT



**EDUCATION  
RECREATION  
MEMORIALS  
RESPECT LIFE**

**Please Refer to "Surge With Service"**

UNITED WE STAND



For Our God, Our Country, Our Order and Our Priests

**APRIL 1, 2011 TO MARCH 30, 2012**

**SCORE**

**COUNCIL NAME:** \_\_\_\_\_

**COUNCIL NUMBER:** \_\_\_\_\_

State Office Use Only

# **FAMILY LIFE ACTIVITIES**

**TOTAL POINTS = 100 MAXIMUM**

*Points are to be awarded by Family Life Director ONLY!*

1. (15 PTS) **A COMPLETED “FAMILY OF THE YEAR” NOMINATION FORM THAT WAS RECEIVED BY THE FAMILY LIFE DIRECTOR, POST MARKED WITHIN THE ASSIGNED DEADLINE.**

*POINTS TO BE DETERMINED BY DIRECTOR.*

2. (10 PTS) **“FAMILY OF THE MONTH” POINTS TO BE AWARDED BASED ON RECORDS RECEIVED FROM THE SUPREME COUNCIL PRIOR TO DEADLINE.**

*10 POINTS FOR A MINIMUM OF 8,  
(GRADING RECORDS INCLUDE APRIL TO MARCH)*

3. (10 PTS) **DOES YOUR COUNCIL PROVIDE ADDITIONAL RECOGNITION TO YOUR “FAMILY OF THE MONTH/YEAR” RECIPIENTS? (Such as contacting local radio stations, TV stations & newspapers, or put up Yard Signs)**  
YES \_\_\_ NO \_\_\_

Detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. (15 PTS) **DID YOUR COUNCIL HAVE A FAMILY ACTIVITY IN WHICH ALL FAMILY MEMBERS COULD PARTICIPATE? (Family Fun Day, Picnic, Family Night, other)**  
YES \_\_\_ NO \_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. (10 PTS) **WERE FAMILY MEMBERS AND/OR WIDOWS OF A DECEASED/SICK MEMBER OF THE KCs KEPT AWARE OF AND INVITED TO COUNCIL ACTIVITIES?**  
YES \_\_\_ NO \_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. (10 PTS) **GIVE AN EXAMPLE OF HOW YOUR COUNCIL HAS HELPED A MEMBER/ FAMILY MEMBER/WIDOW WHO WAS SICK/DISTRESSED/NEEDED HELP?**

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

7. (10 PTS) **WAS A MASS/ROSARY/BISHOP GRECO MEMORIAL CARDS, OR OTHER PRAYER SERVICE OFFERED FOR A DECEASED/ SICK MEMBER OF THE KNIGHTS OF COLUMBUS? If yes, what was done?**  
YES \_\_\_ NO \_\_\_

Detail: \_\_\_\_\_  
\_\_\_\_\_

8. (10 PTS) **IN WHAT WAY DID YOUR COUNCIL MEMBERS PROMOTE & PARTICIPATE IN ASSURING THE FAMILIES IN THE COMMUNITY HAVE THE OPPORTUNITY TO HAVE “GOD’S LOVE” INCLUDED IN THEIR MARRIAGE? If yes, what was done? (Brochures, Guest Speaker, Etc.):** Detail: \_\_\_\_\_

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

9. (10 PTS) **DOES YOUR COUNCIL SEND “RESOLUTION OF CONDOLENCE” CERTIFICATES TO THE FAMILY OF A DECEASED MEMBER ON BEHALF OF THE ENTIRE COUNCIL? (Certificate #1450 E,F,S)**  
YES \_\_\_ NO \_\_\_

Detail: \_\_\_\_\_  
\_\_\_\_\_