



Knights of Columbus

Program Activity Planner

Council # _____ Location _____ Number of Members _____

FY: _____ Month of _____ through _____

Activities for Month of _____ 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	Dates	Director Assigned
Activities for Month of _____ 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	Dates	Director Assigned
Activities for Month of _____ 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	Dates	Director Assigned

Include on-going and monthly events: Bingo, Food Collection, Blood Drives, etc.