KNIGHTS OF COLUMBUS

IOWA
STATE COUNCIL
DIOCESAN CHAPLAIN OF THE YEAR
NOMINATION

THIS REPORTING FORM MUST BE COMPLETED BY EACH COUNCIL AND FORWARDED TO THE STATE COUNCIL.

City: _____ Council #: _____ Has nominated our Chaplain
Rev. _____ from the Diocese of _____
for Diocesan Chaplain of the year. Address _____
City: _____ State _____ Zip Code _____
Area Code and Telephone _____

Attends Council Meetings Yes or No
Active in Council Meetings Yes or No
Other _____
Other _____

Please Explain Here What Impact This Chaplain Has Had On This Council And Why He Should Be Chosen As Chaplain Of The Year

Signed: _____
(Grand Knight)

DO NOT SUBMIT THIS REPORT FORM TO THE SUPREME COUNCIL

Deadline: February 15th

Mail form to State Program Director

John L. Beckman
15351 Pheasant Dr
Council Bluffs, IA 51503-5818

Additional Comments: