



Montana State Council Knights of Columbus
Founded in Faith / Faith in Action
Knight of the Year Entry Form

Knight of the Year Name: _____

Address: _____ City: _____ Zip: _____

Telephone Number: _____

District: # _____ Council: # _____ City: _____

Positions held in Council: _____

Participated in activities in the following categories: *(use back or additional pages for more details)*

Life:

Faith:

Community:

Family:

Grand Knight Name: _____

Grand Knight Signature: _____ Telephone # _____

Email completed form to: stateawards@montanaknights.org

Must be received by March 1