

COLORADO STATE COUNCIL
Knights of Columbus
District Marshal Quarterly Activity Report

Date: _____

Quarter # _____

To: District Master

From: District Marshal

****Please submit within 10 days following each quarter.**

1. # of Assemblies in District: _____	2. Number of Assemblies visited this Quarter: _____ (If more than one, fill out one report for each Assembly visited.)
3. Assembly Name/Number: _____ _____	4. Date of visit: _____ # Assembly Members: _____ # Sir Knights: _____
5. Observations: (i.e. Attendance, Meeting Length, Guests, Refreshments) _____ _____ _____ _____ _____	6. Message Delivered: _____ _____ _____ _____ _____
7. Message or question for State Deputy: 	

Signature District Marshal: _____