



Colorado Knight of the Month Nomination Form

Instructions: Complete each of the fields as indicated. Email the completed form to the State Program Coordinator and State Family Director (co.kofc.spc@gmail.com and jladrian1953@gmail.com) and cc your District Deputy and council files.

Nominee Info	
Full Name (First and Last)	
Mailing Address	
City	
State	
Zip Code	
Membership Number	
Council Position (If none, add "Member")	
Winner's Qualification to be selected/Explanation	
Submission Info	
Month	
Council Name	
Council Number	
Parish and Location	
Grand Knight	
Council Contact Email	
District Number	
DD Email	