

Knights of Columbus - Free Throw Report - Advancing to District

Please complete this form immediately following your free throw contest and mail it to your District Deputy. Please type or print and be sure all names are correctly spelled.

Your Name: _____ Council No: _____
 Address: _____ Phone No: () _____
 City: _____
 State: _____ Zip Code: _____ Date: _____

Girls

Age	Contestant	Date of Birth	Parent/Guardian	Phone No.	Council Name	Council No.
10	Name:					
	Address:					
11	Name:					
	Address:					
12	Name:					
	Address:					
13	Name:					
	Address:					
14	Name:					
	Address:					

Boys

Age	Contestant	Date of Birth	Parent/Guardian	Phone No.	Council Name	Council No.
10	Name:					
	Address:					
11	Name:					
	Address:					
12	Name:					
	Address:					
13	Name:					
	Address:					
14	Name:					
	Address:					