

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: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____

District No: _____
 Phone No: _____
 Date Held: _____

Girls

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