



**COLORADO KNIGHTS OF COLUMBUS
Surge with Service Membership Report**

MAIL TO:
Jon Herskovits
State Membership Coordinator
10987 Glengate Cir
Highlands Ranch, CO 80130

SHINING KNIGHT AWARD

SHINING KNIGHT: _____
(Print name (clearly) as it is to appear on Certificate)

COUNCIL NAME/NUMBER: _____ DISTRICT: _____

NAME OF PROJECT/EVENT: _____ DATE: _____

- 1. _____
- 2. _____
- 3. _____

FIRST DEGREE: _____
Date Received Location

THIRD DEGREE: _____
Date Received Location

INSURANCE REPRESENTATIVE MEETING DATE: _____

NAME OF CATHOLIC MAN SHINING KNIGHT IS SPONSORING: _____

FIRST DEGREE DATE/LOCATION FOR NEW CANDIDATE: _____

Grand Knight Date

District Deputy Date

Insurance Field Representative Date