

# 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: \_\_\_\_\_

Council No: \_\_\_\_\_  
 Phone No: \_\_\_\_\_  
 Date: \_\_\_\_\_

## Girls

| Age | Contestant | Date of Birth | Parrent/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 | Parrent/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:   |               |                  |          |              |             |