



CYLA REPORTING FORM

For Fraternal Year: _____

Council Name and Number: _____

Number of Male Applicants: _____

Number of Female Applicants: _____

High Schools Approached (Please List All): _____

High Schools That Participated: _____

Name of Male Winner: _____

Name of Female Winner: _____

Grand Knight: _____

Signature: _____

E-Mail Address: _____

Council CYLA Chairman: _____

Signature: _____

E-Mail Address: _____