



2017 - 2018
Moose Youth Awareness Program

Moose Kids Talk Report No. _____

Your Name: _____ **Email Address:** _____

Address, City, State, Zip: _____

Home Phone: _____ **Cell Phone:** _____

Children's Group: _____

Age Range: _____ **Number of Children:** _____

Kid's Talk Date: _____ **Day:** _____ **Time:** _____

Place: _____

Adult Host & Contact info: _____

Moose Lodge and/or Chapter Rep & Contact info: _____

Send Completed Report To: _____ **Matthew Reik**
Moose Association Youth Awareness Coordinator

_____ **320 Summit Drive**
Street Address

_____ **Lewistown** **PA** **17044**
City State Zip

_____ **mattreik@comcast.net**
Email Address

DEADLINE – POSTMARKED BY: FEBRUARY 28, 2018

Explain your presentation in detail (including skits, any costumes and/or props):
