Class Scheduling Form

1. Please complete this form in its entirety

2. Remember to sign the form or type your name if you are submitting electronically

3. Return completed form 30 days prior to the class date to moosetraining@mooseintl.org

PART 1 – Class Details

Trainer Name: State: Class: - Class Location Lodge #: Lodge Name: State: Other Location: City: Class Date & Time State: Date: - Time - Registration Information Class Fee: Contact: Email: Phone:	Class:	State:		
Lodge Name: Lodge #: Other Location: Lodge #: Class Date & Time Date: - Time - Registration Information Deadline: Class Fee:	Class Location			
Other Location: City: State: Class Date & Time - Time Date: - Time - Registration Information Class Fee:				
Class Date & Time Date: - Time - Registration Information Deadline: Class Fee:	Lodge Name:	Lodge #:	State:	
Date: Time Registration Information Deadline: Class Fee:		City:	State:	
Registration Information Deadline: Class Fee:	Class Date & Time			
Deadline: Class Fee:	Date:	- Time	-	
	Registration Information			
Contact: Email: Phone:	Deadline:	Class Fee:		
	Contact:	Email:	Phone:	
Class Size: Minimum #: Maximum #:	Class Size: Minimum #:	Maximum #:		

Order Information			
Packets Needed:			
Shipping Information			
Name/Lodge:			
Street:			
City: State	e: Zip:		
Special Handling Notes:			
Billing Information			
State Association:			
Moose Legion:	Number:		
Submitted by:	Date:		