

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 Information

Trainer Name: _____ State: _____
Class: _____

Class Location

Lodge Name: _____ Lodge #: _____ State: _____
Other Location: _____ City: _____ State: _____

Class Date & Time

Date: _____ - _____ Time _____ - _____

Registration Information

Deadline: _____ Class Fee: _____
Contact: _____ Email: _____ Phone: _____

Class Size: _____ Minimum #: _____ Maximum #: _____

PART 2 – Materials, Shipping and Billing

Order Information

Packets Needed: _____

Shipping Information

Name/Lodge: _____
Street: _____
City: _____ State: _____ Zip: _____
Special Handling Notes: _____

Billing Information

State Association: _____ Number: _____
Moose Legion: _____

Submitted by: _____ Date: _____