

Moose Youth Awareness Program  
Student Recommendation Form

High School: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Contact person: \_\_\_\_\_ Ext: \_\_\_\_\_

Student Name	Class of	M/F
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____

Any comments from teachers or administrators are welcomed and may be attached on a separate sheet.