

YOUTH AWARENESS ASSOCIATION CONGRESS
RECOMMENDATION & CONSENT FORM

This form must be completed for each student that attends a Youth Awareness Association Congress

DATE OF ASSOCIATION CONGRESS _____

LODGE NAME _____ LODGE NUMBER _____ LODGE STATE _____

STUDENT NAME _____

STUDENT ADDRESS _____

CITY, ST, ZIP _____

CONTACT PHONE NUMBER _____

SCHOOL NAME _____ GRADE _____

For the purpose of consent to attend the Youth Awareness Association Congress at this time, place and date indicated above. I give my consent to allow my child to participate in this workshop.

PRINT PARENT(S) or LEGAL GUARDIAN(S) NAME

PARENT/GUARDIAN SIGNATURE

PARENT/GUARDIAN SIGNATURE

PUBLICITY RELEASE

Moose International may use my students name and photograph in publicity concerning the Youth Awareness Program.

Signature of Student Representative

Dated this _____ day of _____, 20____.