

**Moose Youth Awareness Program**  
**Moose Kids Talk Summary Report No. \_\_\_\_\_**

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Name: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

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Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Children's Group: \_\_\_\_\_ Age Range: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Kid's Talk Date: \_\_\_\_\_

Time: \_\_\_\_\_ Location: \_\_\_\_\_

Adult Host: \_\_\_\_\_

Contact info: \_\_\_\_\_

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Moose Lodge and/or Chapter Rep & Contact info: \_\_\_\_\_

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Send Completed Report To: \_\_\_\_\_

Moose International Youth Awareness Coordinator Name

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

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