



2019 - 2020
Moose Youth Awareness Program

Moose Kids Talk Report No. _____

Your Name: _____ **Email Address:** _____

Address, City, State, Zip: _____

Home Phone: _____ **Cell Phone:** _____

Children's Group: _____

Age Range: _____ **Number of Children:** _____

Kid's Talk Date: _____ **Day:** _____ **Time:** _____

Place: _____

Adult Host & Contact info: _____

Moose Lodge and/or Chapter Rep & Contact info: _____

Send Completed Report To: **Donald K. McKimmy**
Moose Association Youth Awareness Coordinator

206 Carolan St.
Street Address

Bad Axe, MI 48413-1368
City State Zip

mckimmydk1@yahoo.com

Email Address
Phone: 989-269-8659

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

ASSOCIATION COORDINATORS

**INSERT YOUR NAME AND ADDRESS IN THE SPACE PROVIDED ON THE REPORT (SEND COMPLETED REPORT TO:) AND MAKE SUFFICIENT COPIES (FRONT AND BACK)
TO GIVE COPIES TO EACH STUDENT ATTENDING YOUR ASSOCIATION STUDENT CONGRESSES (A MINIMUM OF THREE PER STUDENT).**