

Lodge: _____ No. _____

Lodge Coordinator: _____ Phone: _____

Chapter: _____ No. _____

Chapter Coordinator: _____ Phone: _____

**MOOSE INTERNATIONAL
YOUTH AWARENESS PROGRAM
2017/2018 ASSOCIATION STUDENT CONGRESS**

REGISTRATION

Please Print:

Student's Name: _____ Class of _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Principal's Name: _____ School Phone: _____

School Name: _____

School Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____ Relationship: _____ Phone: _____

PARENTAL/GUARDIAN CONSENT

Yes, this student has my permission to attend the OSMA Youth Awareness Student Congress.

Registration: 8:00-9:00am **Congress:** 9:00am to 3:00pm

Saturday October 28, 2017
Newark Moose Family Center #499
235 W. National Rd.
Newark, Ohio 43055
740-323-0845

Signature of Parent/Guardian: _____ Date: _____

Lodge/ Chapter: Please mail completed form and \$25.00 fee (payable to the OSMA) to:

OHIO STATE MOOSE ASSOCIATION YOUTH AWARENESS COORDINATOR

Andrew VonVille; 604 N. 7th Street; Marietta, Ohio 45750; 740-629-1397