

Moose Youth Awareness Program
Student Recommendation Form

High School: _____
Address: _____

Phone #: _____ Fax #: _____
Contact person: _____ Ext: _____

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

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