



US Department of Justice
Drug Enforcement Administration
Red Ribbon Week Patch
Intent to Participate



Scouting troops or units MUST submit this form to ensure patches are available.

Scout unit or troop number: _____ Council Name: _____
City: _____ State: _____
Troop's e-mail address (print): _____
Number of Scouts in troop or unit intending to participate: _____

Please mark as appropriate:

_____ Boy Scout unit
_____ Girl Scout unit

****Please note, in order to receive your DEA Red Ribbon Week Patches, the leader or contact person MUST complete the Activity Report upon completion of all program requirements.**