OMB No. 1117-

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| DEASeal-color.gif | US Department of Justice  Drug Enforcement Administration  Red Ribbon Week Patch  Activity Report |  |

EXP DATE:

This form certifies your completion of all program requirements and MUST be completed to receive your

DEA Red Ribbon Week Patches.

Scout unit or troop number: \_\_\_\_\_\_\_\_\_ Council Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Troop’s mailing address (*print*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Troop’s e-mail address (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Boy Scouts or Girl Scouts that attended the anti-drug prevention session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Boy Scouts or Girl Scouts that took the drug free pledge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of patches requested for your troop or unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe the Red Ribbon Week activity/event your troop or unit sponsored:

Approximately how many participants attended your Red Ribbon Week activity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you partner with anyone? Yes \_\_\_\_ No \_\_\_\_

If so, please mark all that apply:

Please mark as appropriate:

\_\_\_\_\_\_\_\_Business/Corporation \_\_\_\_\_\_\_\_Civic organization/non-profit

\_\_\_\_\_\_\_\_School \_\_\_\_\_\_\_\_Faith-based organization

\_\_\_\_\_\_\_\_Government Agency \_\_\_\_\_\_\_\_Coalition

(city, county, state, or federal) \_\_\_\_\_\_\_\_*Other* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe the anti-drug prevention education session attended by the scouts (i.e. discussion, lecture, etc):

Are you planning to participate in next year’s Red Ribbon Week? Yes \_\_\_\_ No \_\_\_\_

Is there anything that you recommend to improve DEA’s Red Ribbon Week Patch program for next year?

DEA-316A