



US Department of Justice  
 Drug Enforcement Administration  
 Red Ribbon Week Patch  
 Activity Report

OMB No. 1117-



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?