**US DepartmentJustice**

**Drug EnforcementAdministion**

**Red Ribbon Week Patch**

**Activity Report**

**This form certifies your completion of all program requirements.**

**Complete this online form by Friday October 31, 2014 to receive your DEA Red Ribbon Week Patches.**

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

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

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

**To ensure that you receive the patches, please enter the address where you would like to receive the patches.  Make certain that the address has a valid street number, city, state and zip code or APO address.**

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:

 Business/Corporation

 School

 Government Agency (city, county, state, or federal)

 Civic organization/non-profit

 Faith-based organization

 Coalition

 *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?

**SUBMIT**