



**US Department Justice  
Drug Enforcement Administration  
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**