OMB No. 1117- EXP DATE:

|  |  |  |
| --- | --- | --- |
| DEASeal-color.gif | US Department of Justice Drug Enforcement AdministrationRed Ribbon Week PatchIntent 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.

DEA-316