



US Department of Justice  
Drug Enforcement Administration  
**Red Ribbon Week Patch**  
**Intent 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.**