

Presentation Request Form

Today's Date: _____

Name of Event: _____

School/ Organization: _____

Address of Event (Street, City, State, & Zip): _____

Date of Presentation: _____ Presentation Time: _____

Contact Person: _____

Phone: _____

E-mail Address: _____

Number of Attendees: _____

- _____ Kindergarten – 2nd
- _____ 3rd – 4th
- _____ 5th – 6th
- _____ 7th – 8th
- _____ 9th – 12th
- _____ College Students
- _____ other

Topic of Presentation:

- _____ General Anti-Drug
- _____ Drug Specific
- _____ Tobacco
- _____ Red Ribbon Presentation
- _____ Other

Audience Type:

- _____ Community Group
- _____ Students
- _____ Faith Community
- _____ Treatment
- _____ Parents
- _____ Other

Please email your form to rdouglas@dallascouncil.org or fax (214-521-7253)