

DRUG AWARENESS ACTIVITY REPORT

(Please fill out and send to the address listed below for each event)

Lodge name and number: _____

Activity: _____

Date _____

Number of children spoken with: _____

If activity was at a school, what grade level(s): _____

Number of adults: _____

Brief description of activity: _____

Activity location: _____

What worked well: _____

Problems: _____

Elk member volunteer hours: _____

Non-Elk volunteer hours: _____

Miles to and from event: _____

Dollars spent: _____

Please send reports to:

Glenn Foster, PA Elks State Drug Awareness Chairman

112 Arwco Dr.

Hanover, PA 17331

Email swsdupsret5@embarqmail.com