

For Office Use Only:

Date received: \_\_\_\_\_



MADD Texas

**Underage Drinking Prevention Activity Form**

**Please tell us a little about your upcoming event that you would like for MADD Texas State Office Youth Underage Drinking Prevention Program to be a part of.**

AGENCY/GROUP NAME: \_\_\_\_\_

NAME OF CONTACT PERSON: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MAILING ADDRESS (Location to where items should be sent)

\_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

DATE/TIME OF EVENT: \_\_\_\_\_

LOCATION OF EVENT: \_\_\_\_\_

---

**WHAT IS THE PURPOSE OF THE EVENT? (PLEASE CIRCLE ALL THAT APPLY)**

Community Awareness

Media Event

Youth Underage Drinking Awareness

Educational Event

Parent Presentation

Red Ribbon Week Event

Law Enforcement Operation

Town Hall Public Forum

Sobriety Check Point Education

Counter Advertising

PowerTalk 21 Activity (April 21)

Power of Parents Workshop

Other: \_\_\_\_\_

---

**TARGET POPULATION: (PLEASE CIRCLE ALL THAT APPLY)**

Elementary Students

Middle School Students

Parents

High School Students

College Students

Families

General Public

Church Youth Group

**Expected Number of Participants:** \_\_\_\_\_

---

**Please complete this form and return to:**

**MADD Texas State Office, Attn: Corey Jones, 3910 S. IH-35, Suite 225, Austin, Texas 78704 or email to [Corey.Jones@madd.org](mailto:Corey.Jones@madd.org). or via fax at (512) 445.4979. Please note, all requests must be received at least 2 weeks prior to the event. Upon receipt, an email will be sent to the contact confirming attendance.**