

**ORDER FORM FOR HELPING YOUTH**

DATE 7/30/93

NAME Carol Bourdette, Parent Program Facilitator

ORGANIZATION Lake Wales Area Drug Awareness Council

ADDRESS 836 Brentwood Dr.

CITY Lake Wales STATE FL ZIP 33853

TELEPHONE NUMBER (INCLUDE AREA CODE) 861 676-1949

PURPOSE/DISTRIBUTION PLANNED (FOR MULTIPLE REQUEST) \_\_\_\_\_

Supplies used for drug counselling (incl. tobacco)

HOW PERSON LEARNED OF YOUTH SERIES \_\_\_\_\_

REQUEST SOURCE: PARENT'S GUIDE (800#) ( ) MAIL (☒) PHONE ( )

REQUEST HANDLED BY Jen

FILLED BY \_\_\_\_\_ DATE \_\_\_\_\_

- (☒) 01 TOBACCO: HELPING YOUTH SAY NO 50
- ( ) 02 TABACO: AYUNDANDO A LA JUVENTUD A DECIR NO \_\_\_\_\_
- ( ) 03 HELPING YOUTH DECIDE \_\_\_\_\_
- ( ) 04 DECIDIENDO JUNTOS \_\_\_\_\_
- ( ) 05 HELPING YOUTH SAY NO \_\_\_\_\_
- ( ) 06 OTHER \_\_\_\_\_

TIMN 447243