



New Chapter Interest Form

Name: _____ School: _____

My role is:

- Teacher Counselor Principal Coach Parent Drug Ed. Coordinator Student
 Other _____

School Address: _____

City: _____

Phone: _____

Fax: _____

E-mail: _____

Has your school board approved volunteer drug testing?

_____ YES _____ NO

Have you approached students about starting a club and have they expressed interest?

_____ YES _____ NO

Once we receive this form, we will send you more information and a contract of participation.

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