



DELAWARE NATIONAL GUARD DRUG DEMAND REDUCTION MISSION REQUEST FORM



DE-10- _____	
Date of Request: _____	
Requesting Agency: _____	
Event Description: (MUST HAVE DRUG NEXUS) _____	
Location of Event: _____	
Start Date/Time: _____	End Date/Time: _____
Projected Audience Size:	
Adults _____	Administrators _____
Elementary _____	Middle School _____
High School _____	College _____
REQUESTED ACTIVITY	
<input type="checkbox"/> Teambuilding	<input type="checkbox"/> Drug/Alcohol/Tobacco Display Table
<input type="checkbox"/> Alcohol Awareness	<input type="checkbox"/> Coalition Development
<input type="checkbox"/> Tobacco Awareness	<input type="checkbox"/> Community Assistance
<input type="checkbox"/> Anti-Drug Presentation	
Name (printed): _____	Signature: _____
Phone Number: _____	Email: _____

**Delaware National Guard
 Counterdrug Task Force
 First Regiment Road
 Wilmington, DE 19808
 Phone: 302-326-7759 Fax 302-326-7727**

**“FOR OFFICIAL USE ONLY”
 EXEMPT FROM MANDATORY DISCLOSURE**