



## D.A.R.E. Starter Kit Order Form

D.A.R.E. Starter Kits are provided by D.A.R.E. America for the initial first year implementation of the program. The kit includes a 5<sup>th</sup>/6<sup>th</sup> grade D.A.R.E. workbook, bookmark and pencil for each student.

Name of New D.A.R.E. Community: \_\_\_\_\_

Name of New D.A.R.E. Instructor: \_\_\_\_\_

Rank: \_\_\_\_\_

Employing Police Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Location of D.A.R.E. Officer Training: \_\_\_\_\_

Dates of D.A.R.E. Officer Training: \_\_\_\_\_

How many schools will you be teaching D.A.R.E. during the first year following your D.A.R.E. training? \_\_\_\_\_

In how many 5<sup>th</sup> and 6<sup>th</sup> grade classes do you anticipate presenting the curriculum during this period? \_\_\_\_\_

During this period, approximately how many D.A.R.E. students will you teach? \_\_\_\_\_

On what date will you start teaching the D.A.R.E. curriculum? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please provide a shipping address for the delivery of the starter kits. Please be reminded that shipments cannot be made to post office boxes (P.O. Box).**

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

D.A.R.E. Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of Sheriff / Chief of Police / Command Level Officer