



## Prevention Partner Registration

Our school is interested in becoming a Prevention Partner with The Council on Alcohol and Drugs and promoting the Council's 5-Step Drug Free Family Plan.

School Name : \_\_\_\_\_

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

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

School Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

School Website: \_\_\_\_\_

School Principal: \_\_\_\_\_ Email: \_\_\_\_\_

PTSA Representative: \_\_\_\_\_ Email: \_\_\_\_\_

PTSA Rep. Phone Number: \_\_\_\_\_

We have approximately \_\_\_\_\_ students in our school.

We would need \_\_\_\_\_ handouts to give to our parents by \_\_\_\_\_ date.

Please email a proof of the postcard and banner to \_\_\_\_\_ for our review.

Please fax this form to Staci Wade at  
(866) 786-9811 or email this form to: [swade@LiveDrugFree.org](mailto:swade@LiveDrugFree.org)



*"Every Addict is Worth Recovering. Every Child is Worth Protecting."*





## Agreement Between Prevention Partner and The Council on Alcohol and Drugs, Inc.

WHEREAS, The Council on Alcohol and Drugs intends to contract with \_\_\_\_\_ as a prevention partner for the performance of certain tasks;

WHEREAS, the prevention partner's principle place of business is located at the following address:

<b>Address</b>	<b>City</b>	
<b>State</b>	<b>Zip</b>	<b>County</b>

WHEREAS, The Council on Alcohol and Drugs' principle place of business is located at: 233 Peachtree Street NE Suite 2000, Atlanta, GA 30303-1564.

WHEREAS, the prevention partner agrees to do the following:

- A. Appoint a person/coordinator as a contact for this fundraiser.
- B. Provide email notification each month to the parents of the student body notifying them of this fundraiser.
- C. Coordinator or volunteer will display banner/and have handouts available at different events throughout the \_\_\_\_\_ - \_\_\_\_\_ school year to help promote this fundraiser.
- D. Provide school logo for printing materials that will be handed out or displayed.

WHEREAS, The Council on Alcohol and Drugs, Inc agrees to do the following:

- A. Provide handout material.
- B. Provide a 6' banner with the school's logo for promotion of fundraiser.
- C. Provide a Council staff member as a contact person for the school.

TERMS OF PAYMENT: The Council on Alcohol and Drugs, Inc. shall pay the prevention partner a sum of **7%** of any 5-Step Drug Free Family Plan that is purchased, when the above school is listed as the primary school by the purchaser. This sum will be forwarded, payable by check to: \_\_\_\_\_ and paid on a monthly basis.

This agreement is for one calendar year between \_\_\_\_\_ school and The Council on Alcohol and Drugs, Inc. A yearly extension may be agreed upon between the two parties and implemented the following school year.

Executed at \_\_\_\_\_, on \_\_\_\_\_  
(City) (State) (Date)

The Council on Alcohol and Drugs: \_\_\_\_\_      Prevention Partner: \_\_\_\_\_

Print Name/Title \_\_\_\_\_      Print School Principal \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature School Principal \_\_\_\_\_ Date \_\_\_\_\_



Please return this completed form to Staci Wade  
Fax: (866) 786-9811 or email: swade@LiveDrugFree.org



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