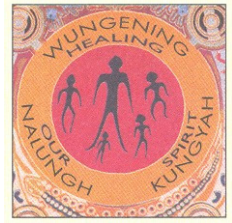


# Aboriginal Alcohol and Drug Service

ABN 80-672-751-592



## REQUEST FORM

Date: \_\_\_\_\_ Dates Requested: \_\_\_\_\_

Phone:                      In house                      Outside visit

Event Name: \_\_\_\_\_

Location: \_\_\_\_\_

Location Contact Person: \_\_\_\_\_

### Location Phone / Email / Address

Phone: \_\_\_\_\_

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

Fax: \_\_\_\_\_

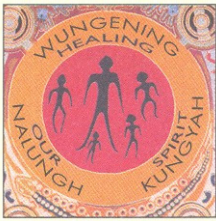
Address: \_\_\_\_\_

### **Programs Requested:**

- |                                     |                   |
|-------------------------------------|-------------------|
| Drumbeat                            | Didgeridoo        |
| Alcohol/Drug Awareness              | Mentor            |
| Music Development                   | Singing           |
| No Shame                            | Communication     |
| Traditional Dance                   | Game of Life      |
| Aboriginal Cultural history Program | Information Stall |
| Art Program                         | Camp              |
| Family Healing Days                 |                   |

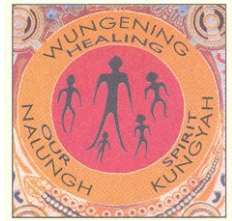
### **Number of Children Participants: Number of Adult Participants:**

Pre School Age	_____	Young Adult	( 16 to 25 )	_____
Primary School Age	_____	Adults	( 26 to 40 )	_____
High School Age	_____	Mature Age	( 41 to 55 )	_____
		Seniors	( 56 above)	_____



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**Objectives Of Contact:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Any Other Comments:**

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**Would they like a follow up program:**

Yes          No

- |                   |                   |
|-------------------|-------------------|
| Drum beat         | Didgeridoo        |
| Alcohol/Drug      | Mentor            |
| Music Development | Singing           |
| No Shame          | Communication     |
| Dance             | Game of Life      |
| Camp              | Information Stall |

Art Program

Contact Request Person: \_\_\_\_\_

Staff Member: \_\_\_\_\_

Signature: \_\_\_\_\_

Supervisor: \_\_\_\_\_