

Today's Date: _____

HARFORD COUNTY Business/program/school

REQUEST FOR A TOBACCO EDUCATIONAL PROGRAM VISIT

SCHOOL/BUSINESS: _____

ADDRESS: _____

TEACHER/MODERATOR: _____

PHONE NUMBER: _____

E-MAIL: _____

DATE REQUESTED: _____ 2nd Choice: _____

FOR EACH CLASS VISIT REQUESTED:

	<u># OF STUDENTS</u>	<u>GRADE</u>	<u>ROOM #</u>	<u>TIME(EX.9-9:40)</u>
1.				
2.				

SPECIAL REQUESTS/TOPICS THAT YOU WANT COVERED:

WHERE SHOULD I PARK?