

SWAT Representation at County Level Activity

SWAT Club: DOS Crescent Foundation SWAT Club

Type of Activity (check one):

County Team Event

Tobacco-Free Partnership Event

Tobacco-Free Partnership Activity

Regional SWAT Event

SWAT Advisor and Coordinator Planning Meeting

Date(s) Occurred:		
Duration of Event:	Time Began:	Time Ended:
	Date:	Date:
Number of SWAT club members participating in plan/completion	_____youth	_____adults

Provide a brief summary of this activity: _____

Signature of SWAT Advisor