

Yes, I would like to be added to the texting and e-mail notification lists about activities associated with the Ontario Substance Abuse Program.

Please Print Clearly ☺

Name: _____

Year Graduating: _____

E-mail Address: _____

Cell Phone Number: _____

(Unlimited Texting ONLY)

Please circle the group(s) you would like notifications about:

Circle all that apply

No Use, Inc (grades 9-12)

A.D.I.O.S. (grades 6-8)

Warrior Pride (grade 4)

Trader Card Program (12th grade only)

Safe Homes Program

Other (please specify)