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BE MY DRUG FREE FRIEND
BMYDFF.COM
It's all about lifting each other up

Youth Full Name: _____ Age: _____

Race: _____ D.O.B.: _____

School Attending: _____ Grade: _____

City: _____ State: _____ Zip: _____

Email: _____

Youth Signature: _____



PLEDGE



I give my permission for my child to participate in the DFF (Drug Free Friend) movement.

Parent Signature: _____

Parent Name:(PRINT) _____

Parent Email: _____

☐ I want to receive information on DFF activities via email

My child can be contacted via (Check all that apply)

☐ Email

☐ School

☐ Community Agency