

**DAP USE ONLY**

State: _____

Date Received: _____

Approved by: _____

Bill Bryan, National Director
Elks Drug Awareness Commission
366 Vt Route 313 W
Arlington, VT 05250-8941
winkbryan@comcast.net

The Elks Drug Awareness Program Presents: Ray Lozano

Motivational/drug-contest speaker, author and consultant, Ray Lozano has teamed up with the Elks Drug Awareness Program to bring his fact-filled, inspirational talks, regarding alcohol, marijuana, and other drugs, to elementary, middle school and high school students. Ray also provided a commonsense program for parents, teachers, and educators to help youth in your Elks Community.

To be considered for this incredible opportunity, please fill out all sections of this application completely. Up to 15 states will be selected to host a visit or webinar(s) from Ray Lozano to speak to local youth, parents, and Elks. If your state is selected, Ray Lozano will either:

- Visit your state for 1-3 days to speak at schools (or other youth programs), Elk's activities, community partnerships and parent groups (in person visits)
- Or provide webinars (online). Webinars will be presented in the same manner with humor and interactive engagement.

All State DAP Chairs are eligible to apply.

In Person Visits Only:

If selected, your State Association must work directly with Ray Lozano to cover any related travel fees. In addition, the State DAP Chair is responsible for coordinating all local transportation, meals, lodging and volunteers to help with displays and distribution of materials.

Webinars Only:

There is no travel related cost for on-line webinars.

Please specify choice(s):

() In Person Visit

() Webinar Visit

Applications are reviewed on a first-come, first-served basis.

Only applications made on this official form and signed by the State DAP Chair will be considered.

**For more information, please contact the DAP National Director, Bill Bryan.
His contact information is on this letterhead.**

State: _____

State DAP Chair – Primary Contact		Secondary Contact (Optional)	
Name:		Name:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Daytime Phone:		Daytime Phone:	
Evening Phone:		Evening Phone:	
Fax:		Fax:	
Email:		Email:	
Please provide the preferred dates for Ray Lozano visit/webinar: 1) 2) 3)			
Identify the Elks community or communities Ray Lozano would visit during his visit:			
How will Elks from your state be involved in this project?			
How was the need for this visit determined?			

How would you publicize Ray Lozano visiting? Include plans for local media coverage and community leaders

Do you anticipate other funding sources? If so, please explain:

Only applications made on this official form and signed by the State DAP Chair will be considered.

By signing this application, you agree to complete the Final Report Form that will be sent to you upon approval of your application. The signature on this application confirms that the State DAP Chair understands and accepts these responsibilities.

State DAP Chair Signature

Date

Please send your completed, original form to:

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