

Community Reward Authorization Form

	(Name of business, individual, or entity)				
		o offer a reward to members of Dru their choice to remain drug free.	g Free Clubs o	f America (DFCA) to recogniz	e:
	The following "C	Community Reward" offer(s) may b	e made:		
	All member	ers are eligible - or - only member	s at the followi	ng school(s) are eligible:	
	Redeemable by:	Simply show a valid DFCA pho This business will provide a pri along with their valid DFCA photo ID	nted coupon/vo	ucher for members to present	
	Participating Business Locations, Limitations, or Restrictions, if any. (Continue on back if needed):				
2.	By signing below, I confirm that: I have the authority to present this offer as detailed on this agreement I am not relying upon any promise, or representation of return other than as previously stated The above reward offer will remain in place until a written request is made, upon which time any partie involved will comply with the request within two calendar weeks.				
	Signed:			-	
	Printed Name:	Name:Title:			
	Phone Number:	Best Email:			
	Street Address: _				
	City:	State:		_Zip:	