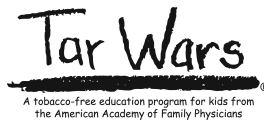


# Will County Health Department Tobacco Control & Prevention Program



## Tar Wars Program Request Form

The Will County Health Department 's Tobacco Control & Prevention program, in collaboration with the American Academy of Family Physicians, is pleased to offer the Tar Wars program to your **4<sup>th</sup> and 5<sup>th</sup> grade** students, **free of charge**. The program and is designed to educate students on the adverse health effects of tobacco use.

A trained health educator from the Will County Health Department will present Tar Wars to your students. The Tar Wars program is approximately **60 minutes** in length. Tar Wars includes many hands-on activities, including working in groups, which is most effective in a classroom setting. After students complete the program, they have the option to participate in the Will County Tar Wars Poster Contest.

To request a program for your class, please complete this form and return it to the address or fax number below. Please return the form at least two weeks before your requested program date. Your request will be acknowledged and confirmed within five working days.

Teacher/Contact Person: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Best Time to Call: \_\_\_\_\_

E-mail Address: \_\_\_\_\_  I prefer to be contacted by e-mail

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Proposed Program Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Alternative Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Presentations: \_\_\_\_\_ Number of Students: \_\_\_\_\_

Time/s: \_\_\_\_\_

Please circle grade for which program will be presented:      4<sup>th</sup>      5<sup>th</sup>

How did you hear about the program (please check one):

- |   |  |
|---|--|
| <input type="checkbox"/> Mailing          | <input type="checkbox"/> Newspaper                             |
| <input type="checkbox"/> Tar Wars Website | <input type="checkbox"/> Will County Health Department Website |
| <input type="checkbox"/> Coworker         | <input type="checkbox"/> Other (please specify): _____         |

**Mail or Fax to:**  
Attn: Jenny Blair  
Will County Health Department  
501 Ella Avenue, Joliet, IL 60433  
(815) 727-8635 - Fax

<p><b><u>Program Availability:</u></b></p> <p>September - February</p> <p>Poster Contest: March 25<sup>th</sup></p>
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