



**TATU Project/ Program/Activity
REPORT FORM**

Please complete this form and fax back to Youth Program Specialist: 302- 678- 5114

1. Date and time of Project/Program/Activity: Month ____ Day ____ Year ____ Time _____
2. Type of Project/Program/Activity: (for example, Health Fair, Youth Carnival)

3. Location of Project/Program/Activity (for example, Newark High School)

4. Number of youth exposed to this Project/Program/Activity? (for example, the entire school of 2,000, a community group of 40) _____
5. Average age of youth exposed to the Project/Program/Activity:

6. Approximate number of males : _____ approximate number of females : _____
7. Race: please select all that apply to the Project/Program/Activity participants:
American Indian/Alaska Native: ____, Asian: ____, Black/African Descent: ____,
Hispanic ____, Native Hawaiian/ Pacific Islander ____, White/European Descent: ____, Other: ____

Thank you for completing this form.

If you have any questions regarding the TATU program, please contact the Youth Program Specialist at the American Lung Association of Delaware: 800-LUNG-USA.

TATU is made possible by the Division of Public Health's Youth Tobacco Prevention Contract. Funding provided in part by the Delaware Health Fund.