

# Drug-Free Action Alliance Letter of Agreement

## *Parents Who Host, Lose The Most: Don't be a party to teenage drinking*

The undersigned recipient \_\_\_\_\_ makes the following representations and agrees to the following conditions in accepting materials from Drug-Free Action Alliance through the *Parents Who Host, Lose The Most: Don't be a party to teenage drinking* public awareness campaign.

To acknowledge Drug-Free Action Alliance on all written materials generated from the *Parents Who Host, Lose The Most: Don't be a party to teenage drinking* campaign materials, and in all advertising and media releases by using the following language:

“*Parents Who Host, Lose The Most: Don't be a party to teenage drinking* was developed by Drug-Free Action Alliance”

The *Parents Who Host, Lose The Most: Don't be a party to teenage drinking* campaign is trademarked property of Drug-Free Action Alliance. No part of the campaign materials, slogan or logo may be altered or used without permission. The full tagline *Don't be a party to teenage drinking* must appear with the campaign graphic.

You may add your agency or coalition logo or sponsorship logos however Drug-Free Action Alliance prohibits sponsorship by and/or partnership with the alcohol industry.

As the undersigned recipient, it is your responsibility to oversee the utilization of the campaign slogan, logo and/or tagline. A new Letter of Agreement must be signed with any change in lead organization or contact person.

Producing *Parents Who Host, Lose the Most: Don't be a party to teenage drinking* campaign materials for resale is prohibited.

In the event the Letter of Agreement is not followed, Drug-Free Action Alliance reserved the right to rescind the authorization to utilize the campaign slogan, logo and/or tagline without prior notice.

To assist others from your area who request information on the *Parents Who Host, Lose the Most: Don't be a party to teenage drinking* campaign, Drug-Free Action Alliance may share your contact information.

_____	_____	_____
Contact Person (please print)	Signature of Representative	Date
_____		
Organization		
_____		
Street Address		
_____		
_____	_____	_____
City	State	Zip
_____		
_____	_____	
Phone	Fax	
_____		
_____		_____
Email Address		Title

**Please return signed copy to:**  
**Drug-Free Action Alliance, Attn: *Parents Who Host***  
**6185 Huntley Rd., Suite P**  
**Columbus, Ohio 43229**  
**Fax: 614-540-9990**