

SAN DIEGUITO ALLIANCE FOR DRUG FREE YOUTH

asks you to take the Parent Pledge

“ALL EVENTS FOR YOUTH IN MY HOME WILL BE CHAPERONED AND FREE OF ALCOHOL, TOBACCO, MARIJUANA AND OTHER DRUGS.”

The Parent Pledge is...

❖ Sponsored by San Dieguito Alliance, a nonprofit coalition committed to the prevention of alcohol, tobacco, marijuana, and other drug use by young people and to the drug abuse education of parents and community members.

Do you know?

- ❖ 50% of adolescent death is alcohol related and 75% of all preventable death is caused by alcohol and tobacco use. Average age for the inception of alcohol, tobacco, marijuana and other drug use is 12.
- ❖ Communicating a clear and consistent family policy about alcohol, tobacco, marijuana and other drug use delays or prevents drug use. Notifying parents of suspected teen alcohol, tobacco, marijuana and other drug use is essential for immediate intervention.
- ❖ Teenage parties in our communities are being held without supervision, and alcohol, tobacco, marijuana and other drugs are readily available, sometimes provided by a parent or sibling.
- ❖ It is illegal to allow minors to drink at parties or other gatherings. Penalties may include a \$1,000 fine, six months in prison and/or the cost of police services.

Parent Pledges are compiled in late Fall into a directory by zip code with PARENTS' names and phone numbers (NO ADDRESSES). The Parent Pledge Directory will be found on the San Dieguito Alliance website and is available only by a code that will be mailed to you so parents may network.

SAN DIEGUITO ALLIANCE FOR DRUG FREE YOUTH

serves the communities of Cardiff, Carmel Valley, Del Mar, Elfin Forest, Encinitas,
Fairbanks Ranch, La Costa, Rancho Santa Fe, Solana Beach

Phone/Fax (858) 755-6598 www.sandieguitoalliance.org SDAlliance4@aol.com



“ALL EVENTS FOR YOUTH IN MY HOME WILL BE CHAPERONED AND FREE OF ALCOHOL, TOBACCO, MARIJUANA AND OTHER DRUGS.”

I believe parents today are: ___less likely ___just as likely ___more likely to allow teen drinking in their homes than three to four years ago.

- Please include only my/our name(s) and phone number (no addresses) in the Parent Pledge Directory that is compiled by zip codes.
- I would like to be notified about alcohol, tobacco, marijuana or other drug issues in my community. My email address is _____ (print).
- Enclosed is a tax deductible donation to **SAN DIEGUITO ALLIANCE FOR DRUG FREE YOUTH** (Federal Tax ID #33-0016843) to assist with its alcohol, tobacco, marijuana and drug prevention education, activities and policies.
 ___\$25 (Family) ___\$100 (Patron) ___Any amount is welcome though not necessary
- Please charge my credit card for my donation of \$_____. Credit Card Number: _____
Expiration Date: _____ Code on back: _____ Billing Zip Code for Credit Card: _____

PARENT(S) LAST NAME(S) (Print) _____ FIRST NAME(S) _____

CHILD'S LAST NAME (ONLY if different from parent) _____

ADDRESS/PO BOX _____ CITY/ZIP _____

TELEPHONE _____ SCHOOL _____

THANK YOU for your concern and support of youth.

RETURN this form to

SAN DIEGUITO ALLIANCE

Post Office Box 2448

Del Mar, CA 92014

Fax (858) 755-6598