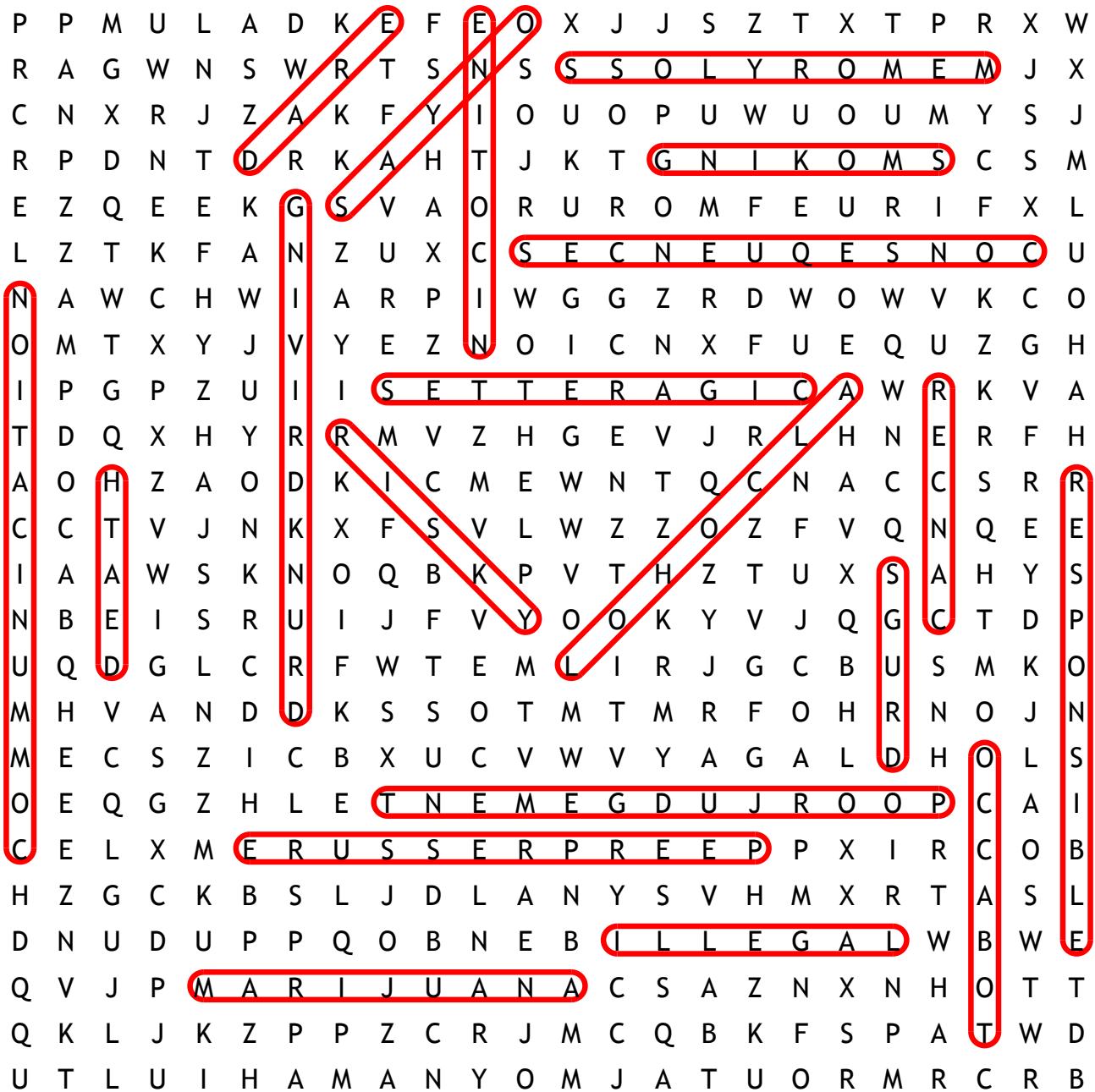


Name: \_\_\_\_\_

Date: \_\_\_\_\_

# D.A.R.E



|                |               |               |               |
|----------------|---------------|---------------|---------------|
| POOR JUDGEMENT | COMMUNICATION | DRUNK DRIVING | PEER PRESSURE |
| CONSEQUENCES   | MEMORY LOSS   | RESPONSIBLE   | CIGARETTES    |
| MARIJUANA      | NICOTINE      | ALCOHOL       | ILLEGAL       |
| SMOKING        | TOBACCO       | CANCER        | SAY NO        |
| DEATH          | DRUGS         | RISKY         | DARE          |