M. E. S. S.

(MOTHERS ELIMINATING SECONDHAND SMOKE)

NAME OF GROUP: _____

TOPIC: _____ **DATE OF ACTIVITY:** _____

PRESENTER: _____

ATTENDANCE: **ADULTS**_____ **YOUTH**_____

SUMMARY: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

COORDINATOR:_____ **TELE NO.:** _____