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Clean Air Kids Club



Evaluation Form Form

Name of your organization: _____

Contact person: _____

Address: _____

Number of youth in the group: _____

Number of youth that participated in the Challenge: _____

Age range of youth that participated: _____

Comments about the Clean Air Challenge Patch Program: _____

Upon completion of program requirements, please fill out this form and return to:

American Lung Association of Los Angeles County
Attn: Clean Air Kids Club Program Manager
5858 Wilshire Blvd., Suite 300
Los Angeles, CA 90036

