



Phoenix Center

Prevent • Treat • Recover

SC Tobacco Education Program Referral Form

TEP Registration fee - \$25

Date of Referral: Select date.

Select Grade:

6th 7th 8th 9th 10th 11th 12th

Student's Name:

Phone:

DOB: Click here to enter DOB.

Address:

School: Click here to enter school.

Parents/Guardians:

List name and address/school of referral source:

Click here to enter text.

Reason for Referral:

Click here to enter text.

Return Completed Referral Form by e-mail or mail to:

Attn: **Sophie Finnell**

P.O. Box 1948

Greenville, SC 29602

Phone: (864) 467 - 3317

E-mail: sfinnell@phoenixcenter.org



SC Tobacco Education Program