



[www.prairieview.net](http://www.prairieview.net)



[www.mappsd.org](http://www.mappsd.org)

**Please sign and return this form and a check to:**  
**Prairie View Prevention Services**

MAPP -SD Coordinator  
822 E. 41<sup>st</sup> Street, Suite 235  
Sioux Falls, SD 57105

Date:

Name:

Organization:

Address:

Phone #:

Fax #:

Email address:

MAPP-SD resources requested:

MAPP-SD resources charge for out-of-state requests:  
(Checks payable to Prairie View Prevention Services)

Materials to be used for:

\_\_\_\_\_

**I agree to use tape/DVD in its entirety and not for profit of any kind.**

Signature

Date