



**PIONEER TOTAL ABSTINENCE ASSOCIATION**  
**SCHOOL VISITATION FORM**

Name of School: \_\_\_\_\_

Time and Date of Visit: \_\_\_\_\_

Teacher in Attendance: \_\_\_\_\_

Pioneer's Name: \_\_\_\_\_

Diocese: \_\_\_\_\_

Centre: \_\_\_\_\_

**I declare that the PTAA protocol was adhered to during the visit.**

Signed: (Teacher) \_\_\_\_\_ Date: \_\_\_\_\_

Signed: (Pioneer Visitor) \_\_\_\_\_ Date: \_\_\_\_\_

When completed, **this form** is to be returned to Pioneer Central Office,  
*Top Floor, 27/28 Marino Mart, Fairview, Dublin 3*