



Flyer Distribution Request

Name of Organization _____

Address _____

Phone Number _____ Contact Person _____

Purpose of Flyer _____

State educational value the program provides students

Signature _____ Date _____

<u>Please attach a sample of the flyer you wish to have distributed.</u>							
All materials distributed must contain the following statement:							
<i>"The Centralia School District does not sponsor this event and the District assumes no responsibility for it."</i>							
Distribute to-	CHS	CMS	ED	FP	JL	OAK	WA
Number of copies to be distributed _____							
Requesting electronic copy to be distributed _____							

Please note the following student counts for each school: (The Organization will be responsible for the copies being counted out for each individual school)

CHS- Posters Only; CMS- 50 for counter posters; ED-300; FP-430; JL-420; OAK-370; WA-380

District Office Approval for Distribution

The attached forms are approved for distribution to the above noted schools. While we are approving this distribution, we are not endorsing participation in the activities listed above.

Signature _____ Date _____

Type of Distribution: Post _____ Send Home Electronic Counter

Comments

