Flyer Distribution Request

Name of Organization _____

Address _____

Phone Number _____ Contact Person _____

Purpose of Flyer _____

State educational value the program provides students _____

_____

Signature _____ Date _____

Please attach a sample of the flyer you wish to have distributed.
All materials distributed must contain the following statement*:*
"The Centralia School District does not sponsor this event and the District assumes no responsibility for it. In consideration of the privilege to distribute materials, the Centralia School District shall be held harmless from any cause of action filed in any court or administrative tribunal arising out of the distribution of these materials, including costs, attorney's fees and judgments or awards."

Distribute to - CHS CMS ED FP JL OAK WA

Number of copies to be distributed _____

Please note the following student counts for each school: CHS – Posters Only, CMS – 50 for counter or posters, ED – 300, FP – 430, JL – 420, OAK – 470, WA – 395. The organization will be responsible for the copies being counted out for each individual school.

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 ❒ Counter

Comments _____

Steve Warren, Assistant Superintendent
Steve Bodnar, Ed.D., Superintendent
Scott Niemann, Director of Teaching, Learning & Special Programs
Administration Office ● P.O. Box 610, Centralia, WA 98531-0610 ● Phone 360-330-7600 ● Fax 360-330-7604 ● www.centralia.wednet.edu