

Request to Distribute Materials

Name of the Organization: _____

Contact Person: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone Number: _____ Cell Number: _____

Email Address: _____

Is your organization: Non-Profit (501-C-3) Commercial Other (explain) _____

Title of flyer to be distributed: _____

Expiration date of flyer: _____

Explain the education, social or recreational value this program or event is providing to the student:

Please check where you are requesting material(s) be displayed:

- Grades K-5**
- Glacier Park Elementary
 - Cedar River Elementary
 - Lake Wilderness Elementary
 - Rock Creek Elementary
 - Shadow Lake Elementary
 - Tahoma Elementary

- Grades 6-8**
- Maple View Middle School
 - Summit Trail Middle School

- Grades 9-12**
- Tahoma High School

Signature: _____ Date: _____

Signature of Approval: _____ Date: _____