



## ***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 \_\_\_\_\_