GAYLORD COMMUNITY SCHOOLS MEDIA FLYER / BROCHURE DISTRIBUTION REQUEST FORM

NAME:		ADDRESS:							
ORGANIZATION:		TYPE (Please Circle):	NON-PROFIT						
PHONE: Notif	EMAIL: Notify Me Here?								
TYPE OF MATERIAL (Please Circle): Flyer Poster Brochure Coupon Letter Other:									
PURPOSE:									
You will be notified of the superintendent's decision within 5 business days via phone and/or email.									
BULLETIN BOARD/FACEBOOK/SCHOOL WEBSITE DISTRIBUTION (Circle ALL Buildings That Apply):									
North Ohio (K-3):	South Maple	(К-3):	GIS (4-6):						
GMS (7-8):	GHS (9-1	2):	Staff Only:						
SUPERINTENDENT APPROVAL: DATE:									
QUESTIONS? CONTACT US @ 989-705-3009 OR EMAIL: HUFFC@GAYLORD.K12.MI.US									

09/2018

Date Received at Central Office

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GMS (7-8):		GHS (9-12)			2):		Staff Only:	
SUPERINTENDENT APPROVAL:	1	DATE:						
QUESTIONS? CO	NTACT US	6 @ 989-7	05-30	09 OR E	MAIL: HUI	FFC@GA	AYLORD.K12.	MI.US
				08/2018				