REQUEST TO DISTRIBUTE EVENT/INFORMATION THROUGH THE ISSAQUAH SCHOOL DISTRICT

Name of the Organization:				
Mailing Address:		Email:	Email:	
Contact Person:		Phone #:		
Is your organization: Non-Pro	ofit (501-C-3):	For-Profit	Other	
(Current proof of your 501-C	-3 for non-profit	status must be at	tached)	
Title/description of event/inform	nation to be distri	buted:		
To whom is the information to	be distributed?			
Staff: Students:	Which Grad	le Level(s):		
 If submitting event/infor If submitting event/informessage with a link to research to receive the information: 	rmation for electro more information at all grade levels	onic community flier to Beth Egan at <u>eg</u> s, please list the na	s boards – send a 2 ane@issaquah.wed mes of the schools a	-3 sentence <u>net.edu</u>
What social, recreational, or eastudents?		-	•	to ISD
Will the distribution of this infor If yes, please explain.				Yes No
Has this information been mail If yes, please explain.	ed or distributed i	in any other way?	Yes	_ No

APPROVAL/DENIAL OF REQUEST

APPROVED for community fliers web page and community bulletin space

_____APPROVED for community bulletin space ONLY

_____APPROVED for placement in staff room

Special Instructions:

DENIED for distribution

Reason for denial:

Beth Egan, Communications Specialist Phone # (425) 837-7113 Fax # (425) 837-7005 E-mail – egane@issaquah.wednet.edu Date