Flyer Distribution Request

Name of Organization: _____________________________________________________
Address: ______________________________________________________________
Phone Number: _______________________ Contact Person:____________________
Purpose of Flyer:________________________________________________________
Signature:________________________________ Date:____________________

Please attach a sample of the flyer you wish to have distributed.
All materials distributed must contain the following statement:
“The Chehalis School District does not sponsor this event and the District assumes no responsibility
for it. In consideration of the privilege to distribute materials, the Chehalis 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: PK-K-1-2 3 4-5 Distribution Requested: ☐Post ☐Send Home ☐Counter
Distribute to: 6-7-8 9-10-11-12 Distribution Requested: ☐Post ☐Counter ☐Email

The organization will be responsible for the copies being counted out for each individual school. Please
note the following student counts for each school:

9-10-11-12 (WFW) = 50 for counter or posters 3-4-5 (OSE)= 27 sets of 30 pre 3 hole punched
6-7-8 (CMS)= 50 for counter or posters PK-K-1-2 (JLE)= 31 sets of 24 and 1 set of 20

District Office Approval for Distribution
The attached form(s) are approved for distribution to the above note schools. While we are approving
this distribution we are not endorsing participation in the activities listed above.

Signature:____________________________ Date:____________________________

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