## Informational Flyer Approval Form

Port Washington-Saukville School District

**Organization Contact Information (please print or type)** 

<b>3</b>	the same process	-7F -7	
Event Title			
Organization Name			
Address			
City, State, Zip Code			
Contact Name			
Contact Number			
Contact E-Mail			
School Grade Levels			
Location & Date of the Event	;		
Please only check line be	low		
For <u>District</u> , <u>School Paren</u>	nt Organizations, Gov	ernment Entities and Recognized	Family Assistance Programs
		ably electronic) to be included in sebsite's Community Events page.	chool building electronic
For Other Not-for-profit with the District in order		•	with this form or one needs to be on file
	, ,,	ably electronic) to be included on hyperlinks with the exception of the	the District Website's Community ne contact's e-mail address.
	to whether your organ	e above groups, the District will r ization qualifies, please contact C	n <mark>ot be advertising your event.</mark> arolyn Krechel at 262-268-6000 or
Remember: The District	<u>'s Disclaimer State</u> me	nt MUST APPEAR ON ALL ITEMS.	
"The opinions expressed	(information provide	ed) are not sponsored or endorse	d by the school district or its personnel
Signed			Date
Completed forms send to	Carolyn.Krechel@pw	<u>rssd.k12.wi.us</u> or 100 W Monroe S	treet, Port Washington, WI 53074
Office Use Only:	Approved	Disapproved	Initials