

Texarkana Independent School District Flyer Distribution:



Request Dates for Distribution: _____

Name of Organization: _____

Name of Flyer: _____

Contact Person:	For TISD Office Use Only <input type="checkbox"/> Tax Exempt on File <input type="checkbox"/> Proper Disclaimer <input type="checkbox"/> Flyer Meets all TISD Guidelines <input type="checkbox"/> TISD Internal Flyer <input type="checkbox"/> Accept <input type="checkbox"/> Partner <input type="checkbox"/> Reject Date Received: _____ Distribution Date: Approval Sent Date:
Phone:	
E-mail	
Fax	
Address:	

Distribution information:

- All Schools: Elementary, Middle , High
- All Elementary
- THS and TMS
- Specific Schools: Please list ALL schools where you want to distribute the flyers.
