Informational Flyer Approval Form

Port Washington-Saukville School District

Organization Contact Information (please print or type)

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 below	ninations Covern	ont Entitios and Docomic	ad Family Assistance Draggers
For <u>District</u> , <u>School Parent Orga</u>			
		electronic) to be included in e's Community Events page	n school building electronic e.
For Other Not-for-profit groups with the District in order for a gr	•	-	ed with this form or one needs to be on j
		<u>-</u>	n the District Website's Community the contact's e-mail address.
-	ther your organizat	-	l not be advertising your event. t Zac Moeller at 262-268-6084 or
Remember: The District's Discl	aimer Statement N	IUST APPEAR ON ALL ITEM	<u>S.</u>
"The opinions expressed (inform	nation provided) a	re not sponsored or endors	sed by the school district or its personn
Signed			Date
Send completed forms to Zacha	ry. Moeller @pwssd.	k12.wi.us or 100 W Monro	e Street, Port Washington, WI 53074
Office Use Only: Apr	oroved	Disapproved	Initials