



Non-profit organizations and district affiliates may avail themselves of the district's electronic flyer distribution system. Non-profit organizations and district affiliates may request posting of electronic flyers that meet the requirements of Etiwanda School District Board Policy 1325 and Administrative Regulation AR-1325 "Advertising and Promotion."

Please print this application and submit it to Roberta Copper in the Instruction/Pupil Services Department for review and approval 10 days in advance of requested posting date.

Application documents may be sent by e-mail to: roberta_copper@etiwanda.k12.ca.us Faxed to (909) 803.3025. Flyers must be submitted as a PDF.

IMPORTANT NOTES:

1. Determination letter granting non-profit status by the IRS or Department of the Treasury must accompany application.

2. A copy of the flyer you are submitting for approval must accompany application.

3. Flyer must include the statement: "This activity is not endorsed or sponsored by the Etiwanda School District. The flyer is not prepared at district expense."

4. The use of promotional materials or advertisements does not imply district endorsement of any identified products or services.

6061 East Ave., Etiwanda, CA 91739
www.etiwanda.org

**COMMUNITY FLYER APPLICATION
FOR ELECTRONIC WEBSITE POSTING**

Instructions:

- 1. Read information in left column; complete the application below.
- 2. Attach the flyer for which you are requesting approval.
- 3. Attach a copy of the determination letter showing the organization has IRS Section 501(c)(3) status. The non-profit organization named on the determination letter must match the name of the organization on the flyer.
- 4. All flyers must prominently print the following statement on the front of the flyer:

"This activity is not endorsed or sponsored by the Etiwanda School District. The flyer is not prepared at district expense."

FLYERS WILL NOT BE PROCESSED FOR APPROVAL UNTIL ITEMS 1- 4 ABOVE ARE COMPLETED.

Today's Date: _____ Date Received by ESD: _____

Name and Address of Organization: _____

Description of Program or Event: _____

Contact Name: _____

Contact Phone: _____

Contact E-mail Address: _____

Requested Posting Period: (not to exceed one month per AR-1325)

Posting Start date: _____

Office Only: Date: _____ Approved: Not Approved:

Instruction/Pupil Services Dept.

Signature _____

Date Posted: _____