



Community Flyer Distribution Request

Date of Request _____

Organization _____

Type of Organization

Non-Profit Private or Business Government Other

Address _____ City _____

Contact Person _____

Email _____

Primary phone _____ FAX _____

How would you like approval returned? Email Phone Fax Pick Up

Description of Material

Requested Date for Distribution _____

Name of Flyer (attach copy) _____

Campuses for Distribution Elementary Secondary Web Posting

Send completed form (include flyer) to: Devin Sherrill, Director of Communications
dsherrill@bryantschools.org
Bryant Public Schools, 200 NW 4th Street, Bryant AR 72022

Office Use Only

Distribution Approved
Special Instructions _____

Approved for distribution
Middle/High Schools

Approved for distribution
Middle/High Schools

Approved for posting
District website

Distribution Denied
Reason _____

Signature

Date