

**MILFORD PUBLIC SCHOOLS  
MILFORD, CONNECTICUT**

**APPLICATION FOR FLYER DISTRIBUTION**  
**(Non-Profit Organizations Only)**

Name of Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Type of Activity: \_\_\_\_\_

Grades eligible to participate: \_\_\_\_\_ Activity Start/End Date: \_\_\_\_\_

Will activity take school time: \_\_\_\_\_ If so, how much time?: \_\_\_\_\_

(Attach flyer you intend to distribute describing this activity)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(typing your name in this field will constitute your electronic signature)*

Position of Signer: \_\_\_\_\_ Address: \_\_\_\_\_

**Approval**      Withheld

Or

Date: \_\_\_\_\_

Granted

Authorized by: \_\_\_\_\_

Superintendent of Schools or Designee

**CRITERIA**

1. Materials must not promote or advertise commercial or profit-making ventures.
2. Materials must relate to school, community, local, recreational or civic activities.
3. Materials must not relate to any religious belief or activity or promote private gain or political position.
4. Materials must not promote any political party or candidate.
5. The activity must have educational value and/or it must benefit the students of Milford Public Schools.

**PLEASE ATTACH THIS APPLICATION AND YOUR FLYER (Electronic File) TO:**

Beth Carbone at [ecarbone@milforded.org](mailto:ecarbone@milforded.org)

Or via mail to: **Beth Carbone**, Milford Public Schools, 70 West River Street, Milford, CT 06460