

MIAMI-DADE COUNTY PUBLIC SCHOOLS Application for Advertising

Date of Application:

Company Name:	Contact Person:
Address:	Telephone Number:
Email address:	Fax Number:
Type of Proposal:(Please enclose a business card or sail	mple of what the advertisement should contain.)
Preferred Location of Advertisement:	
Number of Schools to be serviced: Total Monetary Value of Proposal:	Anticipated Implementation Date:(Not to exceed a period of one year.)
Cost of advertising must be paid in full before produc	
Make checks payable to:	
Print Name of Company Representative	Signature of Company Representative
Date	-
RECOMMENDED:	
Print Name of Athletic/Activities Director/Assistant Principa (if applicable)	Signature of Athletic/Activities Director/Assistant Principal (if applicable)
Date	_
APPROVED:	
Print Name of Principal or site-administrator	Signature of Principal or site-administrator
Date	-
	ended to generate revenue that will support interscholastic el, and special programs and activities at the elementary
A copy of approved advertisement is attached to this	Application for Advertising Form.
Date Paid:	Approximate date of placement:

The school reserves the right to refuse to place any advertisement deemed to be in violation of the law or School Board Policy 9700.01 - ADVERTISING AND COMMERCIAL ACTIVITIES.

Advertising is being permitted at the discretion of the school site administrator, that such is not intended to create an open or limited public forum.