

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:	
Type of Proposal:(Please enclose a business card or same	ple of what the advertisement should contain.)
Preferred Location of Advertisement:	
Number of Schools to be serviced:	Anticipated Implementation Date:(Not to exceed a period of one year.)
Total Monetary Value of Proposal:	
Cost of advertising must be paid in full before producti	ion.
Make checks payable to:	
Print Name of Company Representative	Signature of Company Representative
Date	
RECOMMENDED:	
Print Name of Athletic/Activities Director/Assistant Principal (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	
	nded to generate revenue that will support interscholastic , and special programs and activities at the elementary
A copy of approved advertisement is attached to this A	Application for Advertising Form.
Date Paid: A	pproximate 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.