



# Marketing Request Form

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Director of Communications  
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(513) 868-4473, FAX

Date \_\_\_\_\_

Name of Organization \_\_\_\_\_

Non-Profit

For Profit

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_

Purpose of Flyer \_\_\_\_\_

Please check the grade level(s) targeted for distribution of attached flyer:

K  1  2  3  4  5  6  7  8  9  10  11  12

Other Information \_\_\_\_\_

10 per school

25 per school

School-wide

Return this completed form, with a copy of the informational flyer attached, to the Director of Communications. **Flyers must be bundled, identified by school/grade level, and fastened securely or they will not be delivered.**

Approval is granted on an individual basis.

This request is:

Approved

Not- Approved

Supervisor