MOUNT HOREB AREA SCHOOL DISTRICT REQUEST TO ADVERTISE¹

Date: Please provide at least two business days for approval		
Name/Group/Contact (Phone and Email)		
Proposed Economic Benefit (if any): Recipient of the full Benefit: District Please specify what part of the organization (e.g. club, class, sport, etc.) External or Partner Please specify:		
(e.g. booster, community fundraiser, etc.)		
Nature of Advertisement: (What would proposed picture of Please attach proposed picture of the proposed picture of the proposed picture of the picture of th		Location of Advertisement:
Requested Duration (e.g. How long will the advertisement be shown? How times will script be read?)		
OFFICE USE		
Approved (with conditions noted):		
 Declined – Lack of notice Incomplete form Specifically: Rationale (based on the following portion of the BOE's policy): Creates a conflict with existing District and Board policies. 	 Adversely affects the District's repulor image. Promotes the engagement of illegal Is contrary to the ethical principles of beliefs of the District. Creates an endorsement of a political activity, candidate for a poloffice or political position, etc. Appears to exploit or demean a persbased upon, among other things, the person's protected status. 	 may not legally purchase, or a business at which students may not legally shop. activity. Accepting the paid advertisement will be in conflict with the mission of the District or the District's curriculum and/or instructional program. I cause, itical Accepting the paid advertisement is not consistent and compatible with District and Board priorities and educational objectives.
Reviewed by:	Title	Date

¹ Not Applicable to Individual "Thank You"/Statements of Appreciation.

Public oral messages of thanks for organizations/companies must complete this form.

All funds must be received before recognition is provided (Cross Reference: Public Gifts to the School, Policy #840; Public Solicitations #850; Advertising Policy, #851)