CITRUS COUNTY SCHOOLS
APPLICATION FOR ADVERTISING ON ELECTRONIC MEDIA

Initiating School or District Department:		Date:	
School or District Contact Person:		Ext:	

Applicant Contact Information					
Company Name:		Contact Name:			
Address:					
City:		State:		ZIP:	
Business Phone:		Cell Phone:			
E-mail:					

☐ Attach 8 ½ x 11 (scanable) copy of ad for processing and consideration and/or
☐ Provide link(s) to content for review by the Advertising Committee:

Desired Duration:	

For Office Use only:			
Review Date:		Tracking Number:	
☐ Approved ☐ Conditional Approval (attach condition(s))		☐ Denied ☐ Continued	
Ad Rate:			
Duration:		(attach contract or agreement)	
Comments/Conditions:			