



**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:				

<input type="checkbox"/> Attach 8 ½ x 11 (scanable) copy of ad for processing and consideration and/or	
<input type="checkbox"/> Provide link(s) to content for review by the Advertising Committee:	
Desired Duration:	

<i>For Office Use only:</i>			
Review Date:		Tracking Number:	
<input type="checkbox"/> Approved <input type="checkbox"/> Conditional Approval (attach condition(s))	<input type="checkbox"/> Denied <input type="checkbox"/> Continued		
Ad Rate:			
Duration:		(attach contract or agreement)	
Comments/Conditions:			