

Virtual Backpack Flyer Request Form
School District of Indian River County



First Name:	Last Name:
Organization:	Email Address:
Phone Number:	Fax Number:
Flyer Title:	
Date Range of Requested Flyer Posting (post from – to)	
From:	
To:	
ALL FLYERS MUST HAVE THE FOLLOWING DISTRICT DISCLAIMER ON IT: Distribution does not imply recommendation or endorsement by the School District of Indian River County.	<i>For office use only:</i> <i>Date received:</i> <i>Approved:</i> _____ <i>Denied:</i> _____

Disclaimer – The School District of Indian River County reserves the right to remove a flyer from the Virtual Backpack at any time.