



ARCHANGEL GABRIEL
CATHOLIC SCHOOL

Flyer Request Form

Please fill out this PDF form by clicking in each field and entering the information requested.

**Please email the completed form to
Amy Carlowski at amyamo33@yahoo.com**

A proof of the flyer will be returned for approval.

Please allow up to 1 week for completion of proof.

Committee submitting request:

Name of person submitting request:

Email of person submitting request:

Date request submitted:

Date proof is needed:

Title of event:

Date of event:

Description of event - information for flyer:

Audience: Kids Parents Other:

Please list any other information that will aide in the design of the flyer: