



DATE RECEIVED: _____

TIME RECEIVED: _____

GAREY HIGH SCHOOL DAILY BULLETIN REQUEST FORM

PLEASE INCLUDE: WHO, WHAT, WHERE, AND WHEN

PLACE IN: STUDENT ANNOUNCEMENT() FACULTY()

DATES: MON _____ TUES. _____ WED. _____ THURS. _____ FRI. _____

ANNOUNCEMENT: (PLEASE KEEP NOTICE TO A 25 - WORD MAXIMUM)

MAKE YOUR OWN BULLETIN TITLE: _____

This notice should be sent to the Activities Office BEFORE 10:00 A.M. on the DAY BEFORE the notice is to appear. All notices must be signed by Ms. Roberts. Limit announcements to no longer than 3 days per week.

Advisor _____ Student _____

Activity Director _____

