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Specific Date(s) of Distribution:

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| Name of Organization:      Contact Person’s Name:      Description of Organization:      Description of Activity:      Does the organization provide a benefit to youth and/or parents? Check [ ] Yes or [ ]  NoIf yes, explain the benefit to youth and/or parents:     Location where you want to place publication: [ ] Office [ ] Counter Display [ ]  Bulletin Board [ ]  Home with Students (Elementary/Early Childhood Only)Other:       |
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