

2016-2017 • NEWSPAPER REQUEST FORM

FOR OFFICE USE ONLY

ROUTE _____

ENTERED _____ BY _____

YES, I requested 5 copies of The Gazette to use during the 2016/2017 school year.

Mail request forms to:
The Gazette
Attn: NIE
1 S. Parker Dr.
Janesville, WI 53547



School:

School Address:

City: Zip:

Teacher Full Name:

Email:

Phone: () -

Signature: _____

ATTENTION TEACHERS:

= Newspaper delivery NOT available for any district – Please plan accordingly.

Only circle days you want delivery.

	Mon	Tues	Wed	Thurs	Fri
September	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	6	7	8	9
	12	13	14	15	16
	19	20	21	22	23
	26	27	28	29	30

	Mon	Tues	Wed	Thurs	Fri
October	3	4	5	6	7
	10	11	12	13	14
	17	18	19	20	21
	24	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Mon	Tues	Wed	Thurs	Fri
November	<input type="checkbox"/>	1	2	3	4
	7	8	9	10	11
	14	15	16	17	18
	21	22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	28	29	30	<input type="checkbox"/>	<input type="checkbox"/>

	Mon	Tues	Wed	Thurs	Fri
December	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2
	5	6	7	8	9
	12	13	14	15	16
	19	20	21	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Mon	Tues	Wed	Thurs	Fri
January	2	3	4	5	6
	9	10	11	12	13
	16	17	18	19	<input type="checkbox"/>
	23	24	25	26	27
	30	31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Mon	Tues	Wed	Thurs	Fri
February	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3
	6	7	8	9	10
	13	14	15	16	17
	20	21	22	23	24
	27	28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Mon	Tues	Wed	Thurs	Fri
March	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>
	6	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	13	14	15	16	17
	20	21	22	23	24
	27	28	29	30	31

	Mon	Tues	Wed	Thurs	Fri
April	3	4	5	6	7
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	18	19	20	21
	24	25	26	27	28
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Mon	Tues	Wed	Thurs	Fri
May	1	2	3	4	<input type="checkbox"/>
	8	9	10	11	12
	15	16	17	18	19
	22	23	24	25	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>