www.spsd.us

Spotswood Public Schools

105 Summerhill Road • Spotswood NJ 08884 Phone: 732~723~2200 • Fax: 732~251~7666

Email Blast Request Form

	Person/Title: ytime Phone:					
	E	MAIL	BLAST:			
Recipient Gro	oups (check all that apply) All Parents Memorial Parents		All Staff Appleby Parents		High School Parents Schoenly Parents	
Title (appear	rs in the subject line of the	email):				
Date of the	event:					
Time of the	e event:					
Location of	f the event:					
Complete Message of the Email Blast: Please make sure your information answers the questions who, what, where, when and why and contains contact information.						
Signature of I	Person Filling Out the For	m				
If additional s PDF format.	space is required, please at	tach appro	priate page(s). Any	electronic	c attachments must be in	
Submit to:	Superintendent's Office 105 Summerhill Road Spotswood NJ 08884	Fax:	732-251-7666	Appı	roved by:	
	Spotti 10004		Scott Rocco/Date			