

BUS SHELTER MURAL PROGRAM PARTICIPANT APPLICATION FORM

Participant/School _____

School District _____ Today's Date _____

Address _____ Phone _(____)_____

City _____, Washington Zip Code _____

Contact Person _____ Phone _(____)_____

If you a participating school or community group, an adult artist must oversee the quality of the design, layout and painting of your mural project.

Artist/Art Coordinator _____ Phone _____

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Most projects take from one to three months depending on the size of the group and the number of hours the group paints per day/week. Include this information in your description below. Your projected start date must be at least 4 weeks after application is received by Metro.

I want to pick up the materials by (date)_____. I will return the completed mural by (date)_____.
_____.

Age Group: ___ Preschool ___ Elementary ___ Middle ___ High School ___ College ___ Adult ___ Senior

Number of hours per painting session _____ Total number of painting sessions _____

Number of people involved _____ Sponsoring Agency (if applicable)

The artist/coordinator agrees to complete this public art project by the above mural return date. Metro reserves the right to not display artwork that appears incomplete, sloppy or poorly done.
(Artist/Art Coordinator Signature) _____

Shelter Selections: _____,
(NOTE: Locate yellow number on front of shelter, write alternate shelter numbers in order of preference. Your selection will be verified by phone.)

Mural Theme/Description *(Attach color sketches of your panel designs, if available. Metro must approve the final design on all projects.)*

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FOR METRO USE ONLY

Panel Order: Pick Up Date _____ Forms Mailed _____ Faxed _____

___ WS (P53) ___ Half WS ___ P33 ___ P32 ___ P31 ___ 2'C ___ Litter ___ Paint

Shelter # _____ Location _____ Dir _____

Mural Location: ___ Lower panels only ___ Upper & lower panels
___ Inside and outside ___ No back; Backside not visible
___ Litter receptacle panels ___ Half-wood (checkerboard)