METRO TRANSIT BUS SHELTER MURAL PROGRAM PARTICIPANT APPLICATION FORM

Name of Mural Applicant		Phone ()	
School or Organization Name		Today's Date	
Ple	ease check one below: do you want Metro to eMail or Mail you your project	t information, including a map to pickup paint and panels	
	eMail Forms To:	, Or	
	Mail Forms To: City	, WA_Zip	
	If you are a participating school or community group, an adult artis	st must oversee your mural design and painting.	
Art (If c	tist/Art Coordinator		
==	Most projects take one to three months depending on the size of g		
l w	vant to pick up the materials by (date)/ (mining the materials by (date)/	num 3 weeks from today's date)	
l w	//////////////////////////////////////	mum 3 months from your pickup date)	
Sel	nelter Selections:,,,,, lect 2 or 3 shelters without murals. Locate yellow number on front o		
Ag	e Group: PreschoolElementaryMiddleHigh	-	
Nu	Imber of hours per painting session Tota	I number of painting sessions	
Nu	Imber of people involved		
Mu 	Iral Theme/Description (Attach color sketches of your panel designs, i	f available.)	
	e artist/coordinator agrees to complete this public art project by the not display artwork that appears incomplete, sloppy or poorly done.	above mural return date. Metro reserves the right	
Art	tist/Art Coordinator Signature		
	il Application to: Bus Shelter Mural Program, Metro Transit, 821 x Application to: 206-684-1860 eMail Applic	2 nd Ave., KSC-TR-0413, Seattle, WA 98104 ation to: dale.cummings@kingcounty.gov	
	FOR METRO USE C		
	nel Order: Pick Up Date	Forms Mailed Faxed	
	_WS (P53)Half WSP33P32P3	312'CLitterPaint	
Sh	elter # Location	Dir	
Mu	ural Location: Lower panels only Inside and outside	Upper & lower panels No back; Backside not visible	

____ Litter receptacle panels ____ Half-wood (checkerboard)