

Senior Parking Spot Painting Form

Name:	Student ID#:
Email:	Student Cell Phone #:
Parent Name:	Parent Cell Phone #:

My signature indicates that I have read and agree to the rules that are to be followed with regard to the painting of my parking space:

Student Signature: _____ Date: _____

In the space below, draw the design you will be painting in your parking space. You must use color and the design must match what will be painted on the parking lot.

Parking Lines	
4" NO PAINT	
Parking Lines	4" NO PAINT
Your Design Here	
Parking Lines	4" NO PAINT

Date Submitted:	_____
Design Approved by:	_____
Date Paid:	_____
Space checked against design submitted:	_____
By:	_____
Date:	_____