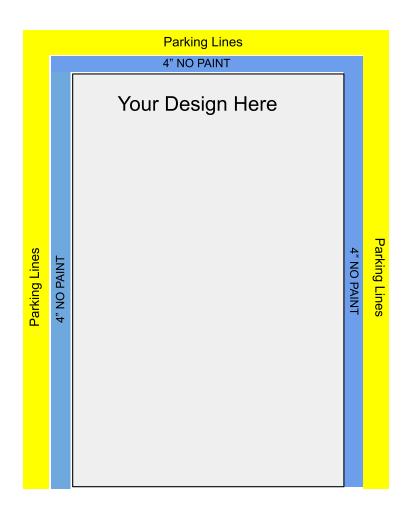
Senior Parking Spot Painting Form

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.



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