

STONEHAM SWITCHBOX ART PROJECT

APPLICATION

Artist or Organization

Name: _____

Phone Number:

(home) _____ (cell) _____ (work) _____

Mailing Address: _____

If not a Stoneham resident, where do you work/volunteer?: _____

Email Address: _____

Include a color sketch of all four sides of the switchbox along with a list of required paint colors.

Generally the Selection Committee will match your sketch with a switchbox of their choosing for the best fit between the artist and the visibility of the site.

If you have a strong preference for a particular switchbox, please let us know the location and your reason:

Any other comments:

By signing the application you state that you have read the guidelines in Appendix A and agree with them.

Signature	Date
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If you are under age 18, please have your parent sign below.

Parental Signature	Date
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Mail this application and sketches to:

Switchbox Art Project
Town Hall
35 Central Street
Stoneham, MA 02180
Attn: Board of Health Office

Or email your file to: stonehamswitchboxart@gmail.com

