



the evergreen state college

Residential & Dining Services
Olympia, WA 98505
(360)867-6132

Mural Proposal Form

Submitter's First and Last Name: _____ Date: _____

E-mail: _____@evergreen.edu Phone: _____

Lead Artist's First and Last Name: _____

Proposed mural start date: _____ Proposed mural end date: _____

Design dimensions: _____ long _____ wide Detailed color sketch of design attached to form

Description of design: _____

Paint colors and materials requested: _____

What value will this mural will bring to the community? _____

Description of the submitter's and Lead Artist's affiliation with Evergreen: _____

By signing this document, I agree to terms and conditions set forth in the **RAD Mural Policy**.
Once you have read and understand the RAD Mural Policy, please sign below.

Submitter's Signature: _____ Date: _____

Lead Artist Signature: _____ Date: _____

RAD OFFICE USE AD Facilities: <input type="checkbox"/> supplies approved / <input type="checkbox"/> supplies denied Initials: _____ Date: _____ Greener Organization: <input type="checkbox"/> proposal approved / <input type="checkbox"/> proposal denied Initials: _____ Date: _____ <input type="checkbox"/> Submitter notified via email, Date: _____ <input type="checkbox"/> Meeting w/Student Facilities Lead, Date: _____ Project start date: _____ Project completed date: _____ <input type="checkbox"/> AD Facilities reviewed project, Date: _____
