



Dream Big! Paint a Mural!

Teen Mural Project Application Form

Today's date:

Student Name(s):

Email address:

Phone Number:

Is this a solo or group project? Solo Group

Are you a resident of Chatham Borough or Chatham Township?

- Chatham Borough
- Chatham Township
- Other:

Which school do you attend?

- Chatham Middle School
- Chatham High School
- Other:

Your grade:

- | | |
|----------------------------|---------------------------------|
| <input type="checkbox"/> 6 | <input type="checkbox"/> 10 |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 11 |
| <input type="checkbox"/> 8 | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 9 | <input type="checkbox"/> Other: |

Title of your project:

Approximate size of your project:

Anything else you want to say about your project: