

DOWNTOWN MURAL PROGRAM APPLICATION

Name of artist: (if a team of artists is applying, please select a team member to be our contact person)

Address:

Mailing Address if different:

City:

State:

Zip Code:

Phone: Email:

Email Address

Website:

As an applicant for the Artesia Arts & Cultural District's Downtown Mural Project, I certify that all works submitted are original products of the applicant(s) and no other. I further certify that all statements made in this application are true to the best of my knowledge.

Applicant signature:

Date:

