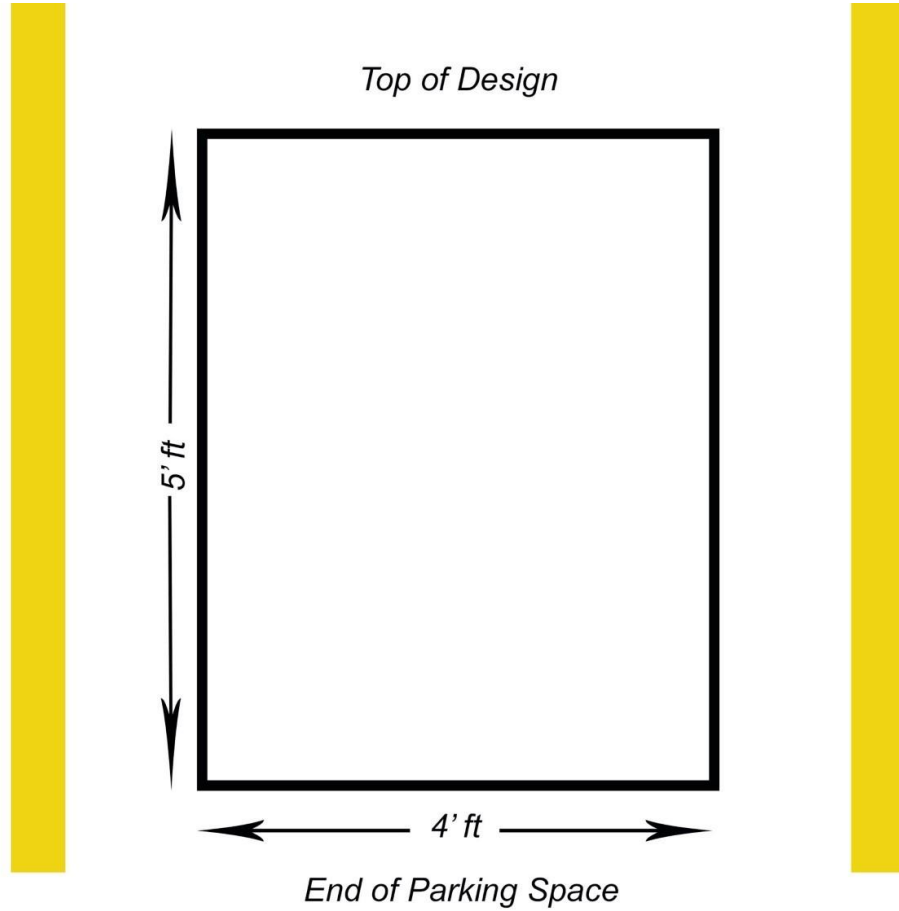


# Senior Parking Space Design

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_  
(Please Print)

Please sketch out and color your design in the black rectangle provided. This design will be kept for record purposes so please photograph or photocopy this form to use as a template.



Student Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_  
(Please Print)

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_  
(Please Print)

OFFICE USE ONLY

Design Paid: \_\_\_\_\_ Design Approved: \_\_\_\_\_ Administration Signature: \_\_\_\_\_