

APPLICATION CHECKLIST/ENTRY FORM – PHASE 1 – DUE 4/17/20

AtlantiCare Specialty Offices – Building 1200

Please complete and download this checklist and entry.

Name (Please Print): _____

Address: _____

City, State, Zip: _____

Cell Phone: _____

Email: _____

Signature: _____

Date: _____

Drawing

A drawing indicating the dimensions of the proposed art piece or photo(s) of existing work.

Narrative

A narrative description of the design, material and color. If any forms of symbolism are used as an element in the proposal, please describe the meaning.

ARTWORK INVENTORY

Title

Medium

Dimensions

1.

For which area(s) do you envision artwork 1?

2.

For which area(s) do you envision artwork 2?

3.

For which area(s) do you envision artwork 3?

4.

For which area(s) do you envision artwork 4?

5.

For which area(s) do you envision artwork 5?