STEVENS POINT SCULPTURE PARK APPLICATION

APPLICATION INFORMATON 1. Organization/Group/Individual: 2. Address:_____ 3. Phone:_____ 4. Contact Person____ 5. Purpose or Mission or Organization/Group/Individual:_____ PROJECT DESCRIPTION 6. Describe an overview of the project:

7. Identity project goals:
8 Describe public interaction and/or anticipated involvement:
8. Describe public interaction and/or anticipated involvement:
9. Describe/outline anticipated usage of grounds:
10. What are the maintaining requirements and duration of installation for the project
(short and long term):

11. How will the project be secured to the ground?				
12. Will the project beAnnual orPerennial?				
13. Will the project involve artist that are:LocalRegionalInternation				
Project Time Line				
. Preparation: Start Date:Finish Date				
5. Promotion Start Date:Finish Date				
16. Funding secured by:				
17. Completion of project:				
18. Post project requirements:				