

LEACOCK CHAIRS A public art project by Streets Alive! Orillia

DESIGN TITLE _____

ARTIST NAME _____

Top →

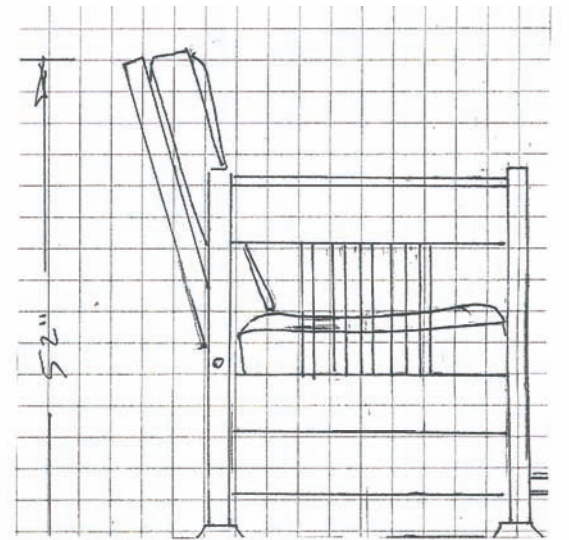
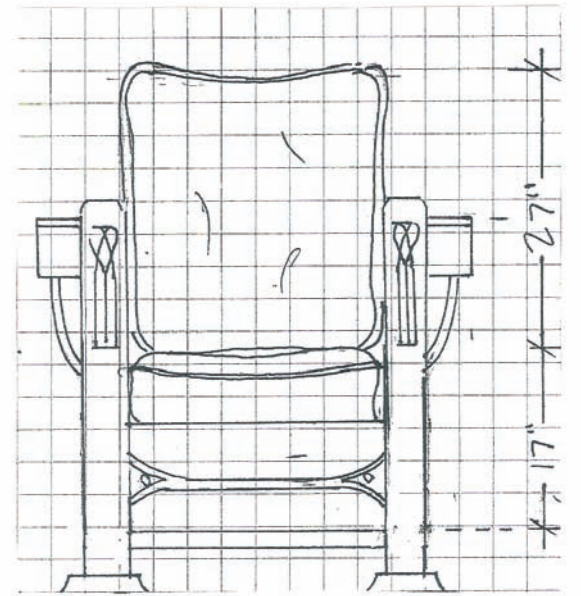
**CHAIR
Back-rest
Cushion**

Bottom →

Rear →
(first 4-5
inches will
be covered
by back-rest
cushion)

**CHAIR
Seat
Cushion**

Front
Edge →



See photos
and dimensions
of the
Model Chair:
www.orilliastreetsalive.ca

Sponsored artists
will have the
opportunity to
work on their
entire Chair.

**Written Description of design for Arm-rest Compartments:
(use back of sheet or attach as a separate sheet)**

Leacock Chairs - Admission Form

Design Title: _____ Artist: _____ Phone: _____

Address: _____ Email: _____

I, the undersigned artist, agree to grant non-exclusive licence to the Orillia Streets Alive! organization to reproduce my art in any medium. The undersigned further licenses the Orillia Streets Alive! organization to re-use, publish and re-publish photography of the artist and/or the artwork in any medium. The undersigned further grants the Orillia Streets Alive! organization the right to use the artist's name, biography and likeness in any medium for the purposes of promoting the Orillia Streets Alive! organization only.

Signature: _____ Date: _____