



# YORK UNIVERSITY

## ART INSTALLATION PROPOSAL

**This form is to be used by students/staff who are seeking permission for the installation and temporary exhibition of visual art or multi media projects on the Keele or Glendon Campus.**

Return this application form to:	<b>Keele Campus Applications</b> Student Community & Leadership Development N200 Student Services Centre	<b>Glendon Campus Applications</b> Student Community & Leadership Development 116 Glendon Hall, Glendon College
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Name of Applicant: \_\_\_\_\_ Student #: \_\_\_\_\_  
(if applicable)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ E-mail: \_\_\_\_\_

Is this exhibition required as part of your coursework? Yes \_\_\_\_\_ No \_\_\_\_\_

Faculty/College/Dept: \_\_\_\_\_ Instructor's Name: \_\_\_\_\_  
 Course Number: \_\_\_\_\_ Instructor's Phone #: \_\_\_\_\_

<b>Proposed Date of Installation:</b> _____  <b>Exhibit Dates:</b> _____ _____ _____  <b>Removal Date:</b> _____  <b>Title of Exhibit:</b> <small>(if applicable)</small> _____	<b>Proposed Location(s):</b> <small>(e.g. Building, floor, courtyard, outdoor site)</small> _____ _____ _____ _____
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Please provide a site sketch and list of materials on the back of this form.

*I agree to install and remove the artwork on the dates specified on this form.*

*I will be responsible for restoring the site to its original condition and for making good any damage that might occur to the grounds during the transport of the artwork. This will include any damage to turf, plantations, surfaces, railings, etc.*

*The University will not be responsible for any vandalism that may occur to the artwork.*

*The artwork should not obstruct any pedestrian, traffic, fire or snow routes, and the artist must affirm that there is no risk of safety to the people who pass by, particularly persons with disabilities.*

*I understand that no weapons, replicas or toy weapons are permitted as part of the exhibit.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Acknowledgements received from:		
	Name	Date
Departments		
Occupational Health and Safety	_____	_____
University Fire Marshall	_____	_____
P.R.G. – Caretaking or Grounds	_____	_____
Security	_____	_____
Student Affairs	_____	_____
Art Gallery at York University	_____	_____
Studio Mgr. Dept. of Visual Arts	_____	_____

Additional Distribution:  
 Facilities Mgr. - Faculty of Fine Arts  
 Chair, Dept. of Visual Arts, FFA  
 Sculpture Area Rep. – Dept. of Visual Arts, FFA  
 Student Community & Leadership Development

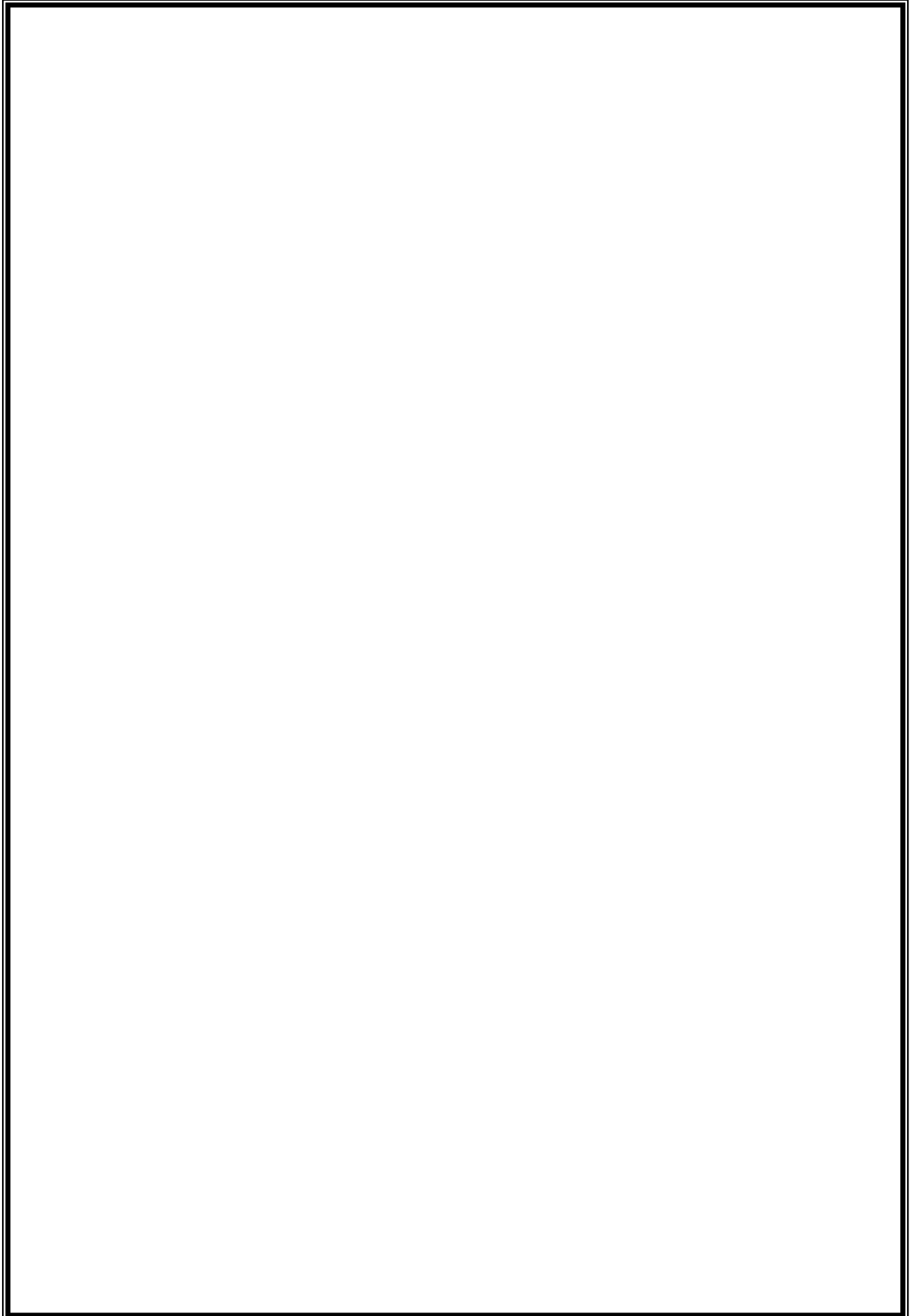
Name of Applicant: \_\_\_\_\_

Title of Exhibit: \_\_\_\_\_

Installation Date: \_\_\_\_\_ Removal Date: \_\_\_\_\_

Please list materials to be used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Site Plan: *(Please do not use pencil)***

A large, empty rectangular box with a double-line border, intended for drawing a site plan. The box is completely blank and occupies most of the lower half of the page.