



**Armada High School
Class of 2026
Painted Parking Spot
Approval Form**



Student Name: _____

Parent Name: _____

E-mail Address: _____

Phone Number: _____

\$50 Payment required at Tiger Days : Cash_____ Check#_____

Please make check payable to Armada High School and write Painting
Parking Spot in the memo

Painted Parking Spot Design Below (can also use the back of the form)

Drawing must be approved by August 15, 2025

Approved by:_____ Date:_____