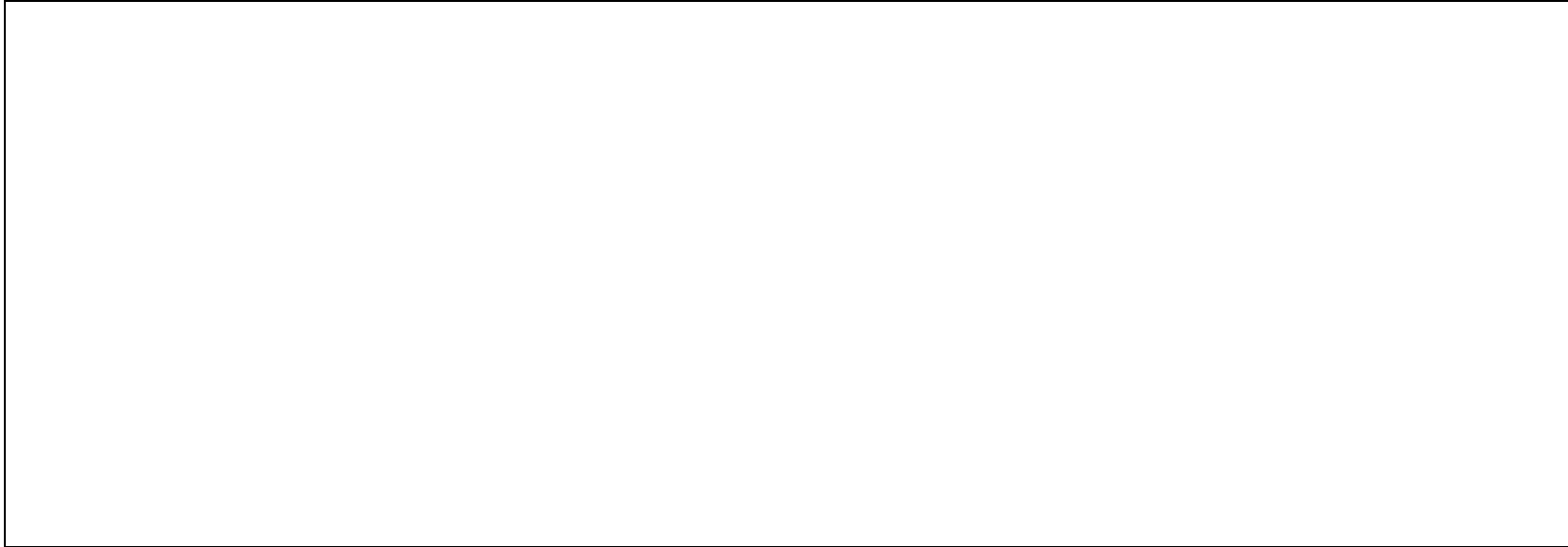


we want to hear what **YOU** want to say about **NEWRY**

My FAVOURITE PLACE in Newry is... (please tell us where and why it is your favourite by writing or drawing in the box below)



If I had **SUPER POWERS** this is what I would change about my area... (please tell us by writing or drawing in the box below)



we want to hear what **YOU** want to say about **NEWRY**

What makes Newry great? Or something else I would like to say... (please tell us by writing or drawing in the box below)

THANK YOU!

Child's Name: _____ Age: _____ Teacher/Parent's Name: _____

School (if applicable): _____ Contact number: _____

Please note by submitting this form to Sticky Fingers you are granting permission for the images/text to be used without incurring a fee in temporary public artworks and for promotional purposes for the *perspectives* project.

Please return this form by Thursday 24th February 2011 to Sally Maidment c/o Sticky Fingers, Granite House, 31-35 Mary Street, Newry, Co. Down or to info@stickyfingersarts.co.uk.

If you would like any further information on the *perspectives* project please contact Elaine in Sticky Fingers on 028 30257885.