



# Artwork Submission Form

Date \_\_\_\_\_

Artist Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Member    Yes    No

Email address \_\_\_\_\_

I would like to be called when my art is taken down.    YES    NO

#1 Artwork Title \_\_\_\_\_ No# \_\_\_\_\_

Medium \_\_\_\_\_

Size \_\_\_\_\_ Retail Price \_\_\_\_\_

#2 Artwork Title \_\_\_\_\_ No# \_\_\_\_\_

Medium \_\_\_\_\_

Size \_\_\_\_\_ Retail Price \_\_\_\_\_

#3 Artwork Title \_\_\_\_\_ No# \_\_\_\_\_

Medium \_\_\_\_\_

Size \_\_\_\_\_ Retail Price \_\_\_\_\_

#4 Artwork Title \_\_\_\_\_ No# \_\_\_\_\_

Medium \_\_\_\_\_

Size \_\_\_\_\_ Retail Price \_\_\_\_\_

#5 Artwork Title \_\_\_\_\_ No# \_\_\_\_\_

Medium \_\_\_\_\_

Size \_\_\_\_\_ Retail Price \_\_\_\_\_

## Gallery Use Only    Initial all entries

- |   |            |
|---|------------|
| <input type="checkbox"/> Displayed                              | Date _____ |
| <input type="checkbox"/> Stored for Rotation                    | Date _____ |
| <input type="checkbox"/> Pick up Rack                           | Date _____ |
| <input type="checkbox"/> Sold <input type="checkbox"/> Returned | Date _____ |
| <input type="checkbox"/> Call for Pick up                       | Date _____ |
| <hr/>   |            |
| <input type="checkbox"/> Displayed                              | Date _____ |
| <input type="checkbox"/> Stored for Rotation                    | Date _____ |
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