

Artist Inventory Record

Name:	Phone:	Intake Date:
Address:	Email:	Take down Date:
City:	Member: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>	Name of Exhibit:

#	Medium	Title	Description	Size	Price	Date Sold	Receipt #	Pickup Date	Staff Intl
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

Please give EACH of your artworks an identification number