

Show Title: Community Exhibit 2008

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The works listed below will be on exhibit from July 25th through August 16th, 2008.
The exhibit will be dismantled on August 19th, 2008.
Works must be picked up by August 23rd, 2008.

Artist Name: _____
Address _____
City _____ State _____ Zip _____
Telephone # _____ Email _____

WORKS SUBMITTED

NOTE: All works must be clearly marked on the back with the title and artist's name.

TITLE:	
Medium:	Price or NFS:

Gallery Use Only:

<input type="checkbox"/> Sold	Date:	Payment Method:
Sold to:		Phone #:
<input type="checkbox"/> Returned to Artist	Date RTA:	Sign at pick up:

TITLE:	
Medium:	Price or NFS:

Gallery Use Only:

<input type="checkbox"/> Sold	Date:	Payment Method:
Sold to:		Phone #:
<input type="checkbox"/> Returned to Artist	Date RTA:	Sign at pick up:

TITLE:	
Medium:	Price or NFS:

Gallery Use Only:

<input type="checkbox"/> Sold	Date:	Payment Method:
Sold to:		Phone #:
<input type="checkbox"/> Returned to Artist	Date RTA:	Sign at pick up:

TITLE:	
Medium:	Price or NFS:

Gallery Use Only:

<input type="checkbox"/> Sold	Date:	Payment Method:
Sold to:		Phone #:
<input type="checkbox"/> Returned to Artist	Date RTA:	Sign at pick up:

The artist will be paid for all work sold when the exhibit ends. The Creative Spirit Art Center will retain a 30% commission on all sales from the exhibit, plus 2% for any sale paid by credit card.

Artist signature: _____ Date: _____