



Gallery Exhibition Take In Form

Exhibit Title: _____

Date: _____

Artist Info

Name: _____

Address: _____

Email: _____

Phone: _____

Website: _____

Number of pieces submitted: _____

Take In Date: _____

Pick Up Date: _____

Artist Signature: _____

Artwork Tags

Please fill out both sides of this form.. Cut the form along the dotted lines and attach the right side portion to of each piece of artwork.

#1 (DO NOT CUT)

Artist: _____

Title: _____

Medium: _____

Dimensions: _____

Price: _____ (Value of not for sale: _____)

#2 (DO NOT CUT)

Artist: _____

Title: _____

Medium: _____

Dimensions: _____

Price: _____ (Value of not for sale: _____)

#3 (DO NOT CUT)

Artist: _____

Title: _____

Medium: _____

Dimensions: _____

Price: _____ (Value of not for sale: _____)

#1

Artist: _____

Title: _____

Medium: _____

Dimensions: _____

Price: _____ (Value of not for sale: _____)

#2

Artist: _____

Title: _____

Medium: _____

Dimensions: _____

Price: _____ (Value of not for sale: _____)

#3

Artist: _____

Title: _____

Medium: _____

Dimensions: _____

Price: _____ (Value of not for sale: _____)