

Complete two forms for each piece of art.

Please PRINT		Please PRINT	
Artist:		Artist:	
Address:		Address:	
City, St, ZIP:		City, St, ZIP:	
Phone:		Phone:	
Email:		Email:	
Title:		Title:	
Medium:	Size:	Medium:	Size:
Date Completed:	Price:	Date Completed:	Price:

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City, St, ZIP:		City, St, ZIP:	
Phone:		Phone:	
Email:		Email:	
Title of Work:		Title of Work:	
Medium:	Size:	Medium:	Size:
Date Completed:	Price:	Date Completed:	Price:

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