BCAC GALLERY ART INVENTORY LIST

GALLERY:_____

HANGING DATE:_____ **REMOVAL DATE:**_____

ARTIST NAME: _____**PHONE:**_____

TITLE	MEDIUM	SIZE	PRICE/SOLD*

ARTIST SIGNATURE: _____ **DATE:** _____

GALLERY MANAGER SIGNATURE:_____

GALLERY SITE OWNER SIGNATURE: _____

Note to Gallery Manager:
Provide a copy of this completed/signed list to the Business Owner
at the time the art is hung in this gallery.