



LYME ART ASSOCIATION, 90 LYME STREET, OLD LYME, CT 06371

Exhibition Title: _____ Date of Exhibition: _____

Artist Name: _____ Phone: _____

Street, Town, State, Zip: _____

Email: _____ Total No. of Entries: _____

INVENTORY SHEET

1. Title: _____ Medium: _____ Size: _____ Price: _____

Description of Painting: _____ Cat #: _____

Removal Signature: _____ (Person removing artwork, Artist, Buyer, Other) Date: _____

2. Title: _____ Medium: _____ Size: _____ Price: _____

Description of Painting: _____ Cat #: _____

Removal Signature: _____ (Person removing artwork, Artist, Buyer, Other) Date: _____

3. Title: _____ Medium: _____ Size: _____ Price: _____

Description of Painting: _____ Cat #: _____

Removal Signature: _____ (Person removing artwork, Artist, Buyer, Other) Date: _____

4. Title: _____ Medium: _____ Size: _____ Price: _____

Description of Painting: _____ Cat #: _____

Removal Signature: _____ (Person removing artwork, Artist, Buyer, Other) Date: _____

I authorize Lyme Art Association to negotiate the sale price up to ten percent (10%) of the prices shown above.

I understand that Lyme Art Association assumes no responsibility for loss or damage of submitted work. Submission of all artwork, framing, and other materials is at my sole risk. I agree to abide by the rules and conditions specified in the exhibition prospectus and in the Membership Handbook.

Artist Signature: _____ Date: _____

DUES: Amount : _____ Cash: _____ Check #: _____

ENTRY FEES: Amount: _____ Cash: _____ Check #: _____