



90 Lyme Street, Old Lyme CT 06371
(860) 434-7802

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: _____

Lyme Art Association has the right to negotiate up to ten percent (10%) of the prices shown above.

I understand that the Lyme Art Association assumes no responsibility for damage of submitted work. Work left in storage over 90 days will become the property of the Lyme Art Association and will be disposed of at their discretion. Submission of all artwork, framing and other materials is at my sole risk. I understand that gallery staff may photograph my work for inventory or advertising purposes. I agree to abide by the rules and conditions specified in the exhibition prospectus.

Artist Signature: _____ Date: _____

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

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