

INVENTORY INTAKE FORM

Artist Code: _____



St. Clair Art Association

Gallery

Page _____ of _____

Alice W. Moore Center for the Arts

Artist Name: _____ Ph.(H) _____ Email _____

Address: _____ Ph.(Alt) _____ Date Rcvd. _____

City: _____ Submitted by _____ Received by _____

State: _____ Consigned Dates - From _____ To _____
(6 months)

The St. Clair Art Association receives 40% commission on sales (volunteer 3-6 hours/month for 30%)

Item #	TITLE DESCRIPTION (Print one Item per line.)	Media	Size (M=mat; F=frame)	Price

In consideration of being allowed to participate in the SCAA Gallery at the Alice W. Moore Center for the Arts, the undersigned agrees for his/her executors or administrators, and assigns to release, discharge, indemnify, and hold harmless the SCAA and its agents, servants and employees, of and from all claims of damage, loss or injury, which may be sustained by the undersigned. The utmost of care will be given to all merchandise exhibited in the SCAA Gallery. **The artists agrees that SCAA can use images of their art for promotional purposes in both print and electronic versions.**

Artist/Rep. signature: _____ Witnessed by: _____ Date: _____

REMOVAL OF ALL/ANY ARTWORK -- SIGNATURES REQUIRED