Intake for SAG's _____ Show

Show Dates: Inventory Page #

Artist's name:	Phone:
Address:	Cell:
City, ST, zip:	Email:

Date IN:

A	Name of artwork	Medium	Price $	Date sold	Actual Sale $
	Picked up by (printed name)	Signature			Date OUT
B	Name of artwork	Medium	Price $	Date sold	Actual Sale $
	Picked up by (printed name)	Signature			Date OUT
C	Name of artwork	Medium	Price $	Date sold	Actual Sale $
	Picked up by (printed name)	Signature			Date OUT

# of pieces	Fee / piece	Total	Paid Check_____Cash____CC____ Initials_____

To drop off, all boxes must be checked

- ☐ **Stermer Waiver? Check Gallery Waiver Book. If none, artist signs and file alphabetically.**
- ☐ **SAG Waiver? Same as above.**
- ☐ **Artwork labeled: title, artist, medium & price on back or bottom of 3D**

Check only one box		**Commission**	**Fee/piece**
☐	SAG Member	30%	$8.00
☐	Non-member	40%	$16.00

Artist completes upon intake
SAG completes upon intake
SAG completes during sale
Artist completes upon pickup

The artist agrees to the following:

(1) leave art in *3rd Street Gallery* for the duration of the show.*

(2) to have artwork and themselves photographed for *3rd Street* & *SAG* promotional purposes.

(3) *3rd Street Gallery* has the option to sell artwork at a 10% discount off the listed price.

(4) a storage fee of $5 per piece, per month will be charged for artwork not picked up at end of show.*

* Assessed 30 days after Show Pick-Up date unless pre-arranged and documented by management.

Artist Signature_____ Date _____

The Gallery representative acknowledges the above artwork was received.

Gallery Representative_____ **Date**_____

Original: Show Inventory Book
Copy 1: In Treasurer's Book
Copy 2: To Artist **OR** Artist takes a photo

Pick-up of unsold show artwork & Intake for next show is 11am-4pm, Sun & Mon, _____

The information you provide here is subject to the Sangres Art Guild PRIVACY POLICY located at: https://www.sangresartguild.org/about-sag/privacy-policy/

Form revised 10-25-2019