

NAME OF ARTIST/CRAFTER: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

PHONE NUMBER(S): _____

TYPE OF ARTWORK OR CRAFT: (i.e oil paintings, knitted scarves, etc.) _____

QTY	ITEM DESCRIPTION	MEDIUM	SIZE	TITLE	PRICE

THE WOMEN'S ART CENTER RESERVES THE RIGHT TO KEEP 40% OF THE PROFITS FROM EACH ITEM OR PIECE OF ARTWORK SOLD. ALTHOUGH WE WILL TREAT IT WITH THE HIGHEST REGARD WHILE IT IS IN OUR POSSESSION THE WOMEN'S ART CENTER IS NOT RESPONSIBLE FOR YOR WORK IN THE EVENT IT IS LOST, STOLEN OR DAMAGED. BY SIGNING BELOW YOU AGREE TO ALL STATED ABOVE.

ARTIST/CRAFTER SIGNATURE:_____

DATE:_____

AFTER ALL OF THAT FORMAL STUFF, I THANK YOU FOR PARTICIPATING
IN THE WOMEN'S ART CENTER AND BECOMING INVOLVED IN THE ART COMMUNITY.

-SUSANNAH YAUNT-TORREANO
EXECUTIVE DIRECTOR
WOMEN'S ART CENTER