NEWARK ARTS ALLIANCE GALLERY SHOP
ARTIST INVENTORY SHEET

Please write legibly

Name_____ Address_____ Date_____

Phone_____ e-mail_____ Member Status: [ ]working member [ ] Non-working member

Artists' Terms: I understand that my work will be juried by the Members Gallery Committee and that, if accepted, the maximum time it will be on display is 3 months. I agree to pick up my work promptly when notified to do so. I understand that any items not collected within 3 months of notification to remove them will be considered donated to the Newark Arts Alliance. I agree to hold the NAA harmless for any loss, harm or damage resulting from the entry and display of my work.

Artist Signature_____ Date_____ Witness Signature_____ Date_____

Artist's Code & Item #	Title or Description	Medium	Price	Date In	Display Date	Display Down	Date out