



# Gallery Drop-Off Form

NAME:

Drop-Off Date:

Exhibition:

Email:

Phone:

## ARTWORK #1:

Title:

Dimensions:

Medium:

Price:

Sold Date:

## ARTWORK #2:

Title:

Dimensions:

Medium:

Price:

Sold Date:

### Back Tags



Artist: \_\_\_\_\_

Artist: \_\_\_\_\_

Artist: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Medium: \_\_\_\_\_

Medium: \_\_\_\_\_

Medium: \_\_\_\_\_

Price: \_\_\_\_\_

Price: \_\_\_\_\_

Price: \_\_\_\_\_